STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUATION

#### OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

| AREA         | DIVISION  | NUMBER     |  |
|--------------|-----------|------------|--|
| IMD          | SSS       |            |  |
| EVALUATED BY | Mandelano | 09/01/2009 |  |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| TY | _  |               | ALUATION                                     |   | SUSPENSE DATE                 |                           |              |                |
|----|----|---------------|--|---|-------------------------------|---------------------------|--------------|----------------|
|    |    |               |  | Informal Evaluation                     |                               |                           |              |                |
|    |    | w-up i<br>Yes | REQUIRED  No                                 | ☐ Correction Report                     | COMMANDER'S REVIEW            | Ruc                       | DATE 9/      | 3/09.          |
| 1. | G  | OAL           | S AND ACCOMPLIS                              | HMENTS                                  | EVALUATED                     | ACTION REQUIRED           | CORRECTED    | )<br>          |
|    | a. |               | the command familiar<br>fety Manual, Chapter | with the Occupational Safety Progr. 13? | am as outlined in HPM 10.6,   | Occupational              | ✓ Yes        | □No            |
|    |    | (1)           | Are goals developed                          | d in accordance with departmental p     | policy?                       |                           | ✓ Yes        | □No            |
|    |    | (2)           | Are environmental f                          | actors, exposure factors, and past e    | experience/trends considered  | when setting goals?       | ✓ Yes        | □No            |
|    | œ  | (3)           | Are illness and non-                         | serious/non-traumatic injuries exclu    | ided from occupational safety | goals?                    | ✓ Yes        | □ No ·         |
|    |    | (4)           | Are goals appropria                          | tely categorized?                       |                               |                           | ✓ Yes        | □No            |
|    |    | (5)           | Are goals realistic?                         |   |                               |                           | ✓ Yes        | □ No           |
|    |    | (6)           | Are goals consisten                          | t with departmental objectives?         |                               |                           | ✓ Yes        | □No            |
|    |    | (7)           | Is input from all leve                       | els considered before goals are esta    | blished?                      |                           | ✓ Yes        | □No            |
|    | b. | Are           | goals being accomp                           | lished?                                 |                               |                           | Yes          | ☑ No           |
|    |    | (1)           | Accurate reporting of                        | on CHP 113, Accident and Injury Re      | port?                         |                           | ✓ Yes        | □No            |
|    |    | (2)           | Are accidents increa                         | asing?                                  |                               |                           | ☐Yes         | ☑ No           |
|    |    | (3)           | Are injuries increasi                        | ng?                                     |                               |                           | Yes          | ☑ No           |
|    |    | (4)           | Why are they increa                          | sing/decreasing? Our goal is zero       | injuries. Injuries do happen  | , so we are not meeting   | our goal. I  | njuries are    |
|    |    |               | staying consistent th                        | ney are not increasing nor decreasing   | g. The section averages app   | roximately 1 injury per   | 12 month p   | period.        |
|    |    |               | Employees report u                           | nsafe conditions to supervisors imn     | nediately.                    |                           |              |                |
|    |    | (5)           | Is CHP 113, Accider                          | nt and Injury Report, posted or read    | ily accessible?               |                           | ✓ Yes        | □ No           |
|    |    | (6)           | Are employees know                           | vledgeable about goals and achieve      | ements?                       |                           | ✓ Yes        | □No            |
|    |    | (7)           | Are employees prov                           | iding suggestions toward goal attair    | nment?                        |                           | ✓ Yes        | □No            |
| 2. | PA | RTIC          | CIPATION                                     |   | EVALUATED                     | ACTION REQUIRED           | CORRECTED    |                |
| ,  | a, | Con           | nmander actively invo                        | olved in program?                       |                               |                           | ✓ Yes        | □No            |
|    |    | (1)           | Commander active in                          | n injury/illness case management?       |                               |                           | ✓ Yes        | □No            |
|    |    | (2)           | What is the comman                           | der's attitude regarding occupation     | al safety? The Commander      | has a high regard for sat | ety in his   | section. He is |
|    |    |               | very concerned abou                          | ut maintaining a safe work environr     | nent while preventing emplo   | oyee related accidents as | nd injuries. |                |
|    |    |               |  |   |                               |                           |              |                |

#### DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

| CHD | 453M | /RAV | 5-06\ | OPI | იიი |
|-----|------|------|-------|-----|-----|

| HP 453M (Rev. 5-06) OPI 009  |                  |               |
|--|------------------|---------------|
| (3) Occupational safety issues discussed at staff meetings and training days?  | ✓ Yes            | □ No          |
| (4) Are safety issues in the meeting minutes?  | ✓ Yes            | □ No          |
| (5) Commander comments regarding safety issues in performance evaluations?   |                  | □ No          |
| (6) Does the commander ensure use of appropriate safety equipment?   | ✓ Yes            | □No           |
| b. Are managers/supervisors actively involved in the program?  | ✓ Yes            | □No           |
| (1) Are managers/supervisors involved in case management?  | ✓ Yes            | □ No          |
| (2) Do they have the appropriate attitude?   | ✓ Yes            | □ No          |
| (3) Are managers monitoring supervisors' progress and efforts to attain goals?   | ✓ Yes            | □No           |
| (4) Are supervisors monitoring employees' efforts?   | ✓ Yes            | □No           |
| (5) Do managers comment on safety issues in performance evaluations?   |                  | □No           |
| (6) Do supervisors comment on safety issues in performance evaluations?  | ✓ Yes            | □No           |
| (7) Do managers/supervisors ensure the use of proper safety equipment?   | ✓ Yes            | □No           |
| c. Are employees actively involved in the Occupational Safety Program?   | ✓ Yes            | □ No          |
| (1) Are employees involved in their case management?   | ✓ Yes            | □ No          |
| (2) Are employees knowledgeable about safety goals?  | ✓ Yes            | □No           |
| (3) Are they aware of the command's achievements?  |                  | □ No          |
| (4) Are employees practicing safety while performing their duties?   | ✓ Yes            | □ No          |
| (5) Are employees reporting unsafe conditions and/or work practices?   |                  | □ No          |
| (6) Do employees work cooperatively to minimize hazards?   | ✓ Yes            | □ No          |
| (7) Do employees offer suggestions to improve occupational safety?   | ✓ Yes            | □ No          |
| (8) Is employee equipment properly used and maintained?  | ✓ Yes            | □ No          |
| ACCIDENT AND INJURY TRENDS EVALUATED ACTION REQUIRED   | CORRECTED        | )             |
| a. Commander's method of identifying trends? The Commander hasn't identified any method of trends. There   | is only a smal   | l amount of   |
| injuries that occur in the unit every year. The section averages approximately 1 injury per 12 month period.   | Many of our      | staff perforr |
| data entry all day. They are given a 5 minute break each hour that does not contain additional breaks. Con   | nmander enforc   | es a          |
| maximum of 10 hours overtime in any work week for these positions to help prevent injuries.  |                  |               |
| (1) Are accidents and injuries being monitored to identify trends?   | ☐ Yes            | ☑ No          |
| (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300,<br>Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? |                  | □No           |
| (3) Are personnel in the command aware of current and potential trends?  | ☐ Yes            | ☑ No          |
| b. What corrective action has the command taken when a trend has been identified? Currently trends have no   | t been identifie | d.            |

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# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

|          | (1) Are commanders, managers, and supervisors actively implementing corrective actions?  | ☐Yes          | ☑ No  |
|----------|--|---------------|---|
| 4. C     | OMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)  EVALUATED  ACTION REQUIRED  | CORRECTED     | )   |
| ——<br>а. | What is the composition of the COSC? The Command Occupational Safety Committee consist of nine employ  | ees: a Data P | rocessing   |
|          | Manager II, a Supervising Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program Technician II (Command Safety Coordinator, Safety team lead), a Staff Program II (Command Safety Coordinator, Safety team lead), a Staff Program II (Command Safety Coordinator, | ogrammer An   | alyst, four (4)   |
|          | Program Technicians II, two (2) Program Technicians, and an Office Assistant II.   |               | 4 - 1114 (200 - 200 |
|          | (1) Is there representation from each collective bargaining unit?  | ✓ Yes         | □No   |
|          | (2) Management and supervisory representation?   |               | □ No  |
|          | (3) Command Safety Coordinator assigned?   | ☑ Yes         | □No   |
|          | (4) Command Safety Coordinator active and effective?   | ✓ Yes         | □No   |
|          | (5) Are committee assignments rotated?   | ☑ Yes         | □ No  |
|          | (6) COSC meetings held quarterly?  | ✓ Yes         | □No   |
|          | (7) Are meetings held more frequently when goals are not being attained?   | ☐ Yes         | ☑ No  |
|          | (8) Do all committee members attend the meetings?  | ✓ Yes         | □No   |
| b.       | Are roles and responsibilities defined in accordance with IIPP?  | ✓ Yes         | □No   |
|          | (1) Do committee members understand their roles and responsibilities?  |               | □ No :  |
|          | (2) Is an agenda prepared prior to the meeting?  |               | □ No  |
|          | (3) Are departmental and Division Occupational Safety meetings minutes readily available?  | ✓ Yes         | □No   |
|          | (4) Are these minutes utilized for Area meetings?  | ✓ Yes         | □No   |
|          | (5) Are assignments given during Area meetings?  | ✓ Yes         | □ No  |
| c.       | Minutes prepared for the COSC meeting?   | ✓ Yes         | □No   |
|          | (1) Recording secretary appointed?   | ☐Yes          | ☑ No  |
|          | (2) Minutes posted on command's Occupational Safety Board?   | ☐Yes          | ☑ No  |
|          | (3) Are minutes included in IIPP file?   | ✓ Yes         | □ No  |
|          | (4) Minutes maintained current year, plus three?   | ✓ Yes         | □No   |
|          | (5) Minutes forwarded through channels?  | ✓ Yes         | □No   |
| d.       | Is the COSC effective?   | ✓ Yes         | □No   |
|          | (1) Are COSC recommendations clear, concise and pertinent to the command?  | ✓ Yes         | □No   |
|          | (2) COSC proactive to eliminate potential causes of accidents and injuries?  | ✓ Yes         | □ No  |
| 1-1-     | (3) COSC disseminate current information and training regarding health and safety issues?  | ✓ Yes         | □No   |
| ė.       | Do all personnel receive current information regarding health and safety?  | ✓ Yes         | □No   |
| f.       | Are outside agency safety programs utilized as a resource?   | ✓ Yes         | □No   |
| g.       | Does the command maintain an effective health and safety communications system?  | ✓ Yes         | □ No  |

### STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

|      | (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?  | ✓ Yes     | □No  |
|------|--|-----------|------|
|      | (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?   | ✓ Yes     | □No  |
|      | (3) Do all members of the command participate in distribution of safety and health information?  | ☐ Yes     | ☑ No |
|      | (4) COSC minutes posted in a timely manner?  | ☐ Yes     | ☑ No |
| -    | (5) Required posters prominently displayed?  | ✓ Yes     | □No  |
| -    | (6) COSC maintain the Command Occupational Safety Bulletin Board?  | ✓ Yes     | □No  |
|      | (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?   | ✓ Yes     | □No  |
| 5. D | OCUMENTATION EVALUATED ACTION REQUIRED   | CORRECTED | W    |
| a.   | STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?  | √ Yes     | □No  |
| b.   | DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | ✓ Yes     | □No  |
| c.   | OSHA 300, Log of Occupational Injury and Illnesses, utilized?  | ✓ Yes     | □No  |
|      | (1) Are required injuries and illnesses logged?  | ✓ Yes     | □No  |
|      | (2) Entries made within six working days of notification of an employee injury or illness?   |           | □No  |
|      | (3) Is lost-time and limited-duty documentation accurate?  | ✓ Yes     | □ No |
|      | (4) Retention according to policy?   | ✓ Yes     | □No  |
|      | (5) Readily accessible for review by Cal-OSHA?   | ✓ Yes     | □No  |
| -    | (6) Previous calendar year log posted during February?   |           | □No  |
| d.   | Are CHP 113s, Accident and Injury Report, compiled accurately?   | ✓ Yes     | □No  |
| -    | (1) Commander review and sign?   | ✓ Yes     | □No  |
|      | (2) CHP 113s and attachments processed in a timely manner?   | ✓ Yes     | □No  |
| e.   | Does the command utilize the CHP 113A, Safety Inspection Checklist?  | ✓ Yes     | □No  |
|      | (1) Are semiannual safety inspections conducted?   | ✓ Yes     | □No  |
|      | (2) Are safety hazards identified?   | ✓ Yes     | □No  |
|      | (3) Is corrective action taken within 30 days?   | ✓ Yes     | □No  |
|      | (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?  | ✓ Yes     | □No  |
| f.   | Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?   | ✓ Yes     | □No  |
|      | (1) Measures taken to correct situation within 30 days?  | ✓ Yes     | □No  |
|      | (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?   | ✓ Yes     | □No  |
| g.   | Are the CHP 121 series thoroughly and accurately completed?  | ✓ Yes     | □ No |
|      | (1) Supervisory comments in-depth, clear, and concise?   | ✓ Yes     | □No  |
|      | (2) Commander signature on appropriate forms?  |           | □No  |
|      |  |           |      |

#### DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

|       | Today (Nove on) of 1000  |           |          |
|-------|--|-----------|----------|
|       | (3) Routed within time frames?   |           | □No      |
| <br>} | . Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?   | ✓ Yes     | □No      |
|       | (1) Supervisor comments in-depth, clear, and concise?  | ✓ Yes     | □No      |
|       | (2) Commander review?  | ✓ Yes     | □ No     |
|       | (3) Commander signs appropriate form?  | ✓ Yes     | □No      |
| -     | (4) Properly routed within time limits?  | ✓ Yes     | □ No     |
|       | Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record  | ? ☑ Yes   | □No      |
| _     | (1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?  | √ Yes     | □No      |
| -     | (2) Safety recognition emblem summary current?   | ✓ Yes     | □No      |
| j.    | Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?   | ✓ Yes     | □No      |
|       | (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?  | ✓ Yes     | □No      |
|       | (2) Copies maintained with IIPP file?  | ✓ Yes     | □No      |
| 6. 1  | NJURY AND ILLNESS PREVENTION PROGRAM  ACTION REQUIRED  | CORRECTED | )        |
| a     | . Command specific IIPP on file?   | ✓ Yes     | □No      |
|       | (1) Is the program effective?  | ✓ Yes     | □No      |
|       | (2) Contains all required documents?   | ✓ Yes     | □No      |
|       | (3) Discussed with all employees?  | ✓ Yes     | □N∘      |
|       | (4) All employees understand their roles and responsibilities?   | ✓ Yes     | □ No se  |
|       | (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?  | ✓ Yes     | □No      |
|       | (6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation<br>and Review?   | ✓ Yes     | □No      |
|       | (7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?  | ✓ Yes     | □No      |
|       | (8) Is required documentation maintained according to policy?  | ✓ Yes     | □No      |
| 7. 0  | OMMUNICATION WITH DOSH EVALUATED ACTION REQUIRED   | CORRECTE  | )<br>(4) |
| a     | Employees aware of procedures regarding DOSH inspections?  | ☑ Yes     | □No      |
| b     | Command's documents readily available for review by DOSH Compliance Officer?   | ✓ Yes     | □No      |
| 8. H  | AZARDOUS SUBSTANCE PROGRAM EVALUATED ACTION REQUIRED   | CORRECTE  | )        |
| a     | Does command have a written Hazardous Substance Program for substances used within that command?   | ✓ Yes     | □No      |
|       | (1) Are hazardous substances identified and properly labeled?  | ✓ Yes     | □No      |
|       | (2) Warning signs posted?  | ✓ Yes     | □No      |
| ,     | (3) Material Safety Data Sheets readily available?   | □Yes      | ☑ No     |
|       | (4) Employees receive training?  | ☐ Yes     | ☑ No     |
|       | The second secon |           |          |

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|      | (5)   | Training documented?   |                 | Yes       | ☑ No |
|------|-------|--|-----------------|-----------|------|
|      | (6)   | Employees informed of their right to applicable medical and exposure information?    |                 | Yes       | ☑ No |
| 9. F | IAZAI | RDOUS EXPOSURE CONTROL PROGRAMS  | ACTION REQUIRED | CORRECTED |      |
| a    | . Act | ivities identified within command that may require exposure to hazardous conditions? |                 | Yes       | ☑ No |
|      | (1)   | Appropriate engineering and/or administrative controls implemented?                  |                 | ☐ Yes     | ☑ No |
| -    | (2)   | Protective equipment provided in accordance with bargaining unit agreements?         |                 | Yes       | ☑ No |
|      | (3)   | Employees trained on use and maintenance of equipment?                               | elli de         | Yes       | ☑ No |
|      | (4)   | Training documented?   | HIID/           | ☐ Yes     | ☑ No |

No hazardous substances stored within Section. Therefore information on hazardous substances is not provided to all employees.

We have a bulletin board that contains safety and other information.

We will begin posting COS meeting minutes on the bulletin board.

The Supervising Program Technician II is responsible for producing the meeting minutes.

### COMMAND INSPECTION PROGRAM

#### EXCEPTIONS DOCUMENT

Page 1 of 3

| Command: 041<br>Information<br>Technology Section | Division:040<br>Information<br>Management | Chapter: 12<br>Occupational Safety |
|---|---|------------------------------------|
| Inspected by: Bev Ch                              | rist                                      | Date: 09/03/09                     |

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required. TYPE OF INSPECTION Total hours expended on the Corrective Action Plan Included inspection: 3 ☐ Division Level ☐ Command Level Attachments Included ☐ Executive Office Level Forward to: IMD Follow-up Required: Due Date: 09/07/09 ☐ Yes ⊠ No Chapter Inspection Inspector's Comments Regarding Innovative Practices: None. Command Suggestions for Statewide Improvement: None. Inspector's Findings: As indicated on page 6 of CHP 453M, there were five negative responses to the questions addressed on the CHP 453M. Each has acceptable reasons for the negative responses. It is the inspector's opinion that all efforts are being made to provide a safe workplace for Information Technology Section staff and no further action is required.

Commander's Response: ☑ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged,

# COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

Page 2 of 3

| Command: 041<br>Information<br>Technology Section | Division:040<br>Information<br>Management | Chapter: 12<br>Occupational Safety |
|---|---|------------------------------------|
| Inspected by: Bev Ch                              | nrist                                     | Date: 09/03/09                     |

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# COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

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| Command: 041<br>Information<br>Technology Section | Division:040<br>Information<br>Management | Chapter: 12<br>Occupational Safety |
|---|---|------------------------------------|
| Inspected by: Bev Ch                              | rist                                      | Date: 09/03/09                     |

|                  |                 | AND EMPIRES OF PERSONS AND ADDRESS OF THE PERSONS AND THE PERS | CONTRACTOR OF STREET | on worker environment meint | Carlo Department of the Carlo | INTERNACIONAL PROPERTIES |
|------------------|-----------------|--|----------------------|-----------------------------|-------------------------------|--------------------------|
| Required Action  |                 |  |                      |                             | <b>一类。对外,种种</b>               | A PROPERTY.              |
|                  |                 |  |                      |                             |                               |                          |
| Corrective Actio | n Plan/Timeline |  |                      |                             |                               |                          |
|                  |                 |  |                      |                             |                               |                          |

None.

| Employee would like to discuss this report with the reviewer.  (See HPM 9.1, Chapter 8 for appeal procedures.) | COMMANDER'S SIGNATURE  FUTURE PLENTING | 9/8/D9 |
|--|--|--------|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | INSPECTOR'S SIGNATURE                  | 9/3/09 |
| Reviewer discussed this report with employee Concur Do not concur  | REVIEWER'S SIGNATURE                   | DATE   |

#### AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

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| AREA                | DIVISION | NUMBER     |
|---------------------|----------|------------|
| Info. Tech. Section | 040 IMD  | 041        |
| EVALUATED BY        |          | DATE       |
| Bev Christ          |          | 09/03/2009 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| TYPE OF EVAL |   | mal Evaluation                        | SUSPENSE DATE             | The discount of the discount o |           |        |
|--------------|---|---------------------------------------|---------------------------|--|-----------|--------|
| FOLLOW-UP R  |   | ☐.Correction Report                   | COMMANDER'S REVIEW        | lenguels   | 09/03/200 |        |
| 1. GOALS     | AND ACCOMPLISHM                                     | ENTS                                  | EVALUATED X               | action REQUIRED  | CORRECTED |        |
|              | ne command familiar with<br>ety Manual, Chapter 13? | the Occupational Safety Program       | as outlined in HPM 10.6,  | Occupational   | ✓ Yes     | □No    |
| (1)          | Are goals developed in                              | accordance with departmental polic    | y?                        |  | ✓ Yes     | □ No ᢩ |
| (2)          | Are environmental facto                             | rs, exposure factors, and past expe   | rience/trends considered  | when setting goals?  | ✓ Yes     | □No    |
| (3)          | Are illness and non-seri                            | ous/non-traumatic injuries excluded   | from occupational safety  | goals?   | ✓ Yes     | □No    |
| (4)          | Are goals appropriately                             | categorized?                          |                           |  | ✓ Yes     | □No    |
| (5)          | Are goals realistic?                                | 2#5                                   |                           |  | ✓ Yes     | □No    |
| (6)          | Are goals consistent wit                            | h departmental objectives?            |                           |  | ✓Yes      | □No    |
| (7)          | Is input from all levels o                          | onsidered before goals are establis   | hed?                      |  | ✓ Yes     | ☐ No   |
| b. Are       | goals being accomplished                            | ed?                                   |                           |  | ✓ Yes     | □No    |
| (1)          | Accurate reporting on C                             | HP 113, Accident and Injury Repor     | t?                        |  | ✓ Yes     | □No    |
| (2)          | Are accidents increasing                            | g?                                    | *                         |  | ☐Yes      | ☑ No   |
| (3)          | Are injuries increasing?                            |                                       | 3111                      |  | ☐Yes      | ☑ No   |
| (4)          | Why are they increasing                             | g/decreasing?                         |                           |  |           | 8      |
|              | N/A   |                                       |                           | 9  |           |        |
|              | я   |                                       | •                         |  |           |        |
| (5)          | Is CHP 113, Accident a                              | nd Injury Report, posted or readily a | accessible?               |  | ✓ Yes     | □No    |
| ~(6)         | Are employees knowled                               | geable about goals and achieveme      | ents?                     | 1500 000   | ☑ Yes     | □No    |
| (7)          | Are employees providin                              | g suggestions toward goal attainme    | ent?                      |  | ✓ Yes     | □No    |
| 2. PARTI     | CIPATION  |                                       | EVALUATED X               | ACTION REQUIRED  | CORRECTED | )      |
| a. Cor       | nmander actively involve                            | ed in program?                        |                           |  | ☑ Yes     | □ No   |
| (1)          | Commander active in in                              | jury/illness case management?         |                           |  | ✓ Yes     | □ No   |
| (2)          | What is the commander                               | 's attitude regarding occupational s  | afety?                    |  |           | 39     |
| •            | Commander actively se                               | eeks to identify occupational issues  | and takes action to corre | ct them.   |           |        |
|              |   | 234040 3000                           |                           |  |           |        |

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

#### AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

|               | (3)  | Occupational safety issues discussed at staff meetings and training days?   | ✓ Yes       | □No               |
|---------------|------|---|-------------|-------------------|
| S             | (4)  | Are safety issues in the meeting minutes?   | ☐Yes        | ☑ No              |
|               | (5)  | Commander comments regarding safety issues in performance evaluations?  | ☑ Yes       | □No               |
|               | (6)  | Does the commander ensure use of appropriate safety equipment?  | ✓ Yes       | □No               |
| b.            | Are  | e managers/supervisors actively involved in the program?  | ✓ Yes       | □No               |
|               | (1)  | Are managers/supervisors involved in case management?   | Yes         | □No               |
|               | (2)  | Do they have the appropriate attitude?  | ✓ Yes       | □ No <sup>®</sup> |
|               | (3)  | Are managers monitoring supervisors' progress and efforts to attain goals?  | ✓ Yes       | □No               |
|               | (4)  | Are supervisors monitoring employees' efforts?  | ✓ Yes       | □No               |
| -             | (5)  | Do managers comment on safety issues in performance evaluations?  | ✓ Yes       | □No               |
|               | (6)  | Do supervisors comment on safety issues in performance evaluations?   | ✓ Yes       | □No               |
|               | (7)  | Do managers/supervisors ensure the use of proper safety equipment?  | ✓ Yes       | □ No 、            |
| С.            | Are  | e employees actively involved in the Occupational Safety Program?   | ☑ Yes       | □No               |
|               | (1)  | Are employees involved in their case management?  | ✓ Yes       | □No               |
|               | (2)  | Are employees knowledgeable about safety goals?   | ☑ Yes       | □No               |
|               | (3)  | Are they aware of the command's achievements?   | ✓ Yes       | □No               |
|               | (4)  | Are employees practicing safety while performing their duties?  | ✓ Yes       | □No               |
|               | (5)  | Are employees reporting unsafe conditions and/or work practices?  | ✓ Yes       | □No               |
|               | (6)  | Do employees work cooperatively to minimize hazards?  | ✓ Yes       | □No               |
|               | (7)  | Do employees offer suggestions to improve occupational safety?  | ✓ Yes       | □No               |
|               | (8)  | Is employee equipment properly used and maintained?   | ☑ Yes       | □No               |
| 3. A          | COIL | DENT AND INJURY TRENDS EVALUATED X  | CORRECTE    | )                 |
| a.            |      | mmander's method of identifying trends?   |             | *                 |
| 0:            | Co   | ommander is actively involved in the Occupational Safety Committee and either prepares or reviews every saf   | ety related | i document in     |
|               | the  | e section.  |             |                   |
| \ <del></del> |      |   |             |                   |
|               | (1)  | Are accidents and injuries being monitored to identify trends?  | Yes         | □No               |
|               | (2)  | Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | ✓ Yes       | □No               |
|               | (3)  | Are personnel in the command aware of current and potential trends?   | ✓ Yes       | □No               |
| b.            | W    | hat corrective action has the command taken when a trend has been identified?   |             |                   |
|               | No   | o trend has been apparent. Commander stresses ergonomic issues and safe lifting and moving, as these are notor  | iously ass  | ociated with      |
|               | th   | e work the section produces.  |             |                   |
|               |      |   |             |                   |

**Destroy Previous Editions** 

## AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

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| (2) Management and supervisory representation? (3) Command Safety Coordinator assigned? (4) Command Safety Coordinator active and effective? (5) Are committee assignments rotated? (6) COSC meetings held quarterly? (7) Are meetings held quarterly? (8) Do all committee members stend the meetings? (8) Do all committee members acted the meetings? (9) Are roles and responsibilities defined in accordance with IIPP? (1) Do committee members understand their roles and responsibilities? (2) Is an agenda prepared prior to the meetings? (3) Are departmental and Division Occupational Safety meetings minutes readily available? (4) Are these minutes utilized for Area meetings? (5) Are assignments given during Area meetings? (6) Are assignments given during Area meetings? (7) Yes IN (8) In Recording secretary appointed? (9) Minutes posted on command's Occupational Safety Board? (1) Recording secretary appointed? (2) Minutes maintained current year, plus three? (3) Are minutes included in IIPP file? (4) Minutes maintained current year, plus three? (5) Minutes forwarded through channels? (6) Minutes forwarded through channels? (7) Yes IN (8) COSC proactive to eliminate potential causes of accidents and injuries? (8) COSC disseminate current information and training regarding health and safety issues? (9) Yes In (1) Are COSC disseminate current information regarding health and safety issues? (1) Yes In (2) COSC proactive to current information regarding health and safety? (1) Yes In (2) Cosc proactive to current information regarding health and safety? (2) Yes In (3) COSC disseminate current information regarding health and safety? (2) Yes In (3) COSC disseminate current information regarding health and safety? (2) Yes In (3) COSC disseminate current information regarding health and safety? (3) Yes In (4) Are outside agency safety programs utilized as a resource?  |      | (1) Are commanders, managers, and supervisors actively implementing corrective actions?                     | ☑ Yes      | □No    |
|--|------|---|------------|--------|
| The members of the 041 COSC are the Commander, one Staff Services Analyst, and one Assistant Information Systems Analyst.  (1) Is there representation from each collective bargaining unit?  (2) Management and supervisory representation?  (3) Command Safety Coordinator assigned?  (4) Command Safety Coordinator active and effective?  (5) Are committee assignments rotated?  (6) COSC meetings held quarterly?  (7) Are meetings held more frequently when goals are not being attained?  (8) Do all committee members attend the meetings?  (9) Are roles and responsibilities defined in accordance with IIPP?  (1) Do committee members understand their roles and responsibilities?  (2) Is an agenda prepared prior to the meeting?  (3) Are departmental and Division Occupational Safety meetings minutes readily available?  (4) Are these minutes utilized for Area meetings?  (5) Are assignments given during Area meetings?  (6) Are assignments given during Area meetings?  (7) Yes In Necording secretary appointed?  (8) Minutes prepared for the COSC meeting?  (9) Minutes prospered for the COSC meeting?  (1) Recording secretary appointed?  (2) Minutes included in IIPP file?  (3) Are minutes included in IIPP file?  (4) Minutes maintained current year, plus three?  (5) Minutes forwarded through channels?  (6) Is the COSC effective?  (7) Yes In Necordance and pertinent to the command?  (8) Yes In Necordance and pertinent to the command?  (9) Yes In Necordance and pertinent to the command?  (9) Yes In Necordance and pertinent to the command?  (1) Are COSC recommendations clear, concise and pertinent to the command?  (1) Yes In Necordance and pertinent to the command?  (2) Yes In Necordance and pertinent to the command?  (3) COSC proactive to eliminate potential causes of accidents and injuries?  (4) Are outside agency safety programs utilized as a resource?  (5) Yes In Necordance and pertinent to the command?  (8) Yes In Necordance and pertinent to the command?  (9) Yes In Necordance and pertinent to the command?  (1) Yes In Necordance and p | 4. C | CHANALD OCCUPATIONAL CAFETY COMMITTEE (COCC)  | CORRECTED  |        |
| (1) Is there representation from each collective bargaining unit?  (2) Management and supervisory representation?  (3) Command Safety Coordinator assigned?  (4) Command Safety Coordinator active and effective?  (5) Are committee assignments related?  (6) COSC meetings held quarterfy?  (7) Are meetings held more frequently when goals are not being attained?  (8) Do all committee members attend the meetings?  (9) Are roles and responsibilities defined in accordance with IIPP?  (1) Do committee members understand their roles and responsibilities?  (2) Is an agenda prepared prior to the meetings?  (3) Are departmental and Division Occupational Safety meetings minutes readily available?  (4) Are these minutes utilized for Area meetings?  (5) Are assignments given during Area meetings?  (6) Are assignments given during Area meetings?  (7) Yes Interpret of the COSC meeting?  (8) Interpret of the COSC meeting?  (9) Minutes prepared for the COSC meeting?  (1) Recording secretary appointed?  (2) Minutes posted on command's Occupational Safety Board?  (3) Are minutes included in IIPP file?  (4) Minutes maintained current year, plus three?  (5) Minutes maintained current year, plus three?  (6) Minutes maintained current year, plus three?  (7) Yes Interpret of the COSC effective?  (8) Minutes frepared from the COSC meeting?  (9) Yes Interpret of the COSC meeting?  (1) Are COSC effective?  (2) Yes Interpret of the COSC meeting?  (3) Are minutes included in IIPP file?  (4) Minutes repared through channels?  (5) Minutes repared through channels?  (6) Minutes repared through channels?  (7) Yes Interpret of the COSC meeting?  (8) Do all personnel receive current information and training regarding health and safety Issues?  (9) Yes Interpret of the COSC desemble of the command?  (1) Are OSC effective?  (2) COSC proactive to eliminate potential causes of accidents and Injuries?  (1) Are outside agency safety programs utilized as a resource?  (2) Yes Interpret of the counter of the counter of the counter of the counter of the count | a.   | What is the composition of the COSC?  |            | •      |
| (2) Management and supervisory representation? (3) Command Safety Coordinator assigned? (4) Command Safety Coordinator active and effective? (5) Are committee assignments rotated? (6) COSC meetings held quarterly? (7) Are meetings held more frequently when goals are not being attained? (8) Do all committee members attend the meetings? (9) Are roles and responsibilities defined in accordance with IIPP? (1) Do committee members understand their roles and responsibilities? (2) Is an agenda prepared prior to the meetings? (3) Are departmental and Division Occupational Safety meetings minutes readily available? (4) Are these minutes utilized for Area meetings? (5) Are assignments given during Area meetings? (6) Are assignments given during Area meetings? (7) Yes IN (8) Minutes posted on commands's Occupational Safety Board? (9) Minutes posted on commands's Occupational Safety Board? (1) Recording secretary appointed? (2) Minutes maintained current year, plus three? (3) Are minutes included in IIPP file? (4) Minutes maintained current year, plus three? (5) Minutes forwarded through channels? (6) Minutes forwarded through channels? (7) Yes IN (8) COSC preactive to eliminate potential causes of accidents and injuries? (8) COSC disseminate current information and training regarding health and safety issues? (9) Yes In (1) Are coutside agency safety programs utilized as a resource?   |      | The members of the 041 COSC are the Commander, one Staff Services Analyst, and one Assistant Information Sy | stems Anal | yst.   |
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| (6) COSC meetings held quarterly?  (7) Are meetings held more frequently when goals are not being attained?  (8) Do all committee members attend the meetings?  (9) Are roles and responsibilities defined in accordance with IIPP?  (1) Do committee members understand their roles and responsibilities?  (2) Is an agenda prepared prior to the meeting?  (3) Are departmental and Division Occupational Safety meetings minutes readily available?  (4) Are these minutes utilized for Area meetings?  (5) Are assignments given during Area meetings?  (6) Are assignments given during Area meetings?  (7) Yes   |      | (4) Command Safety Coordinator active and effective?  | ✓ Yes      | □No    |
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| (1) Do committee members understand their roles and responsibilities?  (2) Is an agenda prepared prior to the meeting?  (3) Are departmental and Division Occupational Safety meetings minutes readily available?  (4) Are these minutes utilized for Area meetings?  (5) Are assignments given during Area meetings?  (6) Are assignments given during Area meetings?  (7) Yes  |      | (8) Do all committee members attend the meetings?   | Yes        | □No    |
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| (3) Are departmental and Division Occupational Safety meetings minutes readily available?  (4) Are these minutes utilized for Area meetings?  (5) Are assignments given during Area meetings?  (7) Yes   |      | (1) Do committee members understand their roles and responsibilities?                                       | ☑ Yes      | □No    |
| (4) Are these minutes utilized for Area meetings?       ☑ Yes ☐ N         (5) Are assignments given during Area meetings?       ☑ Yes ☐ N         c. Minutes prepared for the COSC meeting?       ☑ Yes ☐ N         (1) Recording secretary appointed?       ☑ Yes ☐ N         (2) Minutes posted on command's Occupational Safety Board?       ☑ Yes ☐ N         (3) Are minutes included in IIPP file?       ☑ Yes ☐ N         (4) Minutes maintained current year, plus three?       ☑ Yes ☐ N         (5) Minutes forwarded through channels?       ☑ Yes ☐ N         d. Is the COSC effective?       ☑ Yes ☐ N         (1) Are COSC recommendations clear, concise and pertinent to the command?       ☑ Yes ☐ N         (2) COSC proactive to eliminate potential causes of accidents and injuries?       ☑ Yes ☐ N         (3) COSC disseminate current information and training regarding health and safety issues?       ☑ Yes ☐ N         e. Do all personnel receive current information regarding health and safety?       ☑ Yes ☐ N         f. Are outside agency safety programs utilized as a resource?       ☑ Yes ☐ N   |      | (2) Is an agenda prepared prior to the meeting?   | Yes        | □No    |
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| (5) Minutes forwarded through channels?  d. Is the COSC effective?  (1) Are COSC recommendations clear, concise and pertinent to the command?  (2) COSC proactive to eliminate potential causes of accidents and injuries?  (3) COSC disseminate current information and training regarding health and safety issues?  (4) Yes  (5) Minutes forwarded through channels?  (6) Yes  (7) Yes  (8) Yes  (9) Yes  (9) Yes  (10) Yes  (11) Are costide agency safety programs utilized as a resource?  |      | (3) Are minutes included in IIPP file?  | ✓ Yes      | □No    |
| d. Is the COSC effective?  (1) Are COSC recommendations clear, concise and pertinent to the command?  (2) COSC proactive to eliminate potential causes of accidents and injuries?  (3) COSC disseminate current information and training regarding health and safety issues?  (4) Yes  (5) Yes  (6) Yes  (7) Yes  (8) Yes  (9) Yes  (9) Yes  (10) Yes  (11) Are outside agency safety programs utilized as a resource?   |      | (4) Minutes maintained current year, plus three?  | ✓ Yes      | □ No - |
| (1) Are COSC recommendations clear, concise and pertinent to the command?  (2) COSC proactive to eliminate potential causes of accidents and injuries?  (3) COSC disseminate current information and training regarding health and safety issues?  (4) Yes  (5) COSC disseminate current information and training regarding health and safety issues?  (6) Yes  (7) Yes  (8) Yes  (9) Yes  (9) Yes  (10) Yes  (11) Yes  (12) Yes  (13) COSC disseminate current information and training regarding health and safety issues?  (9) Yes  (10) Yes  (11) Yes  (12) Yes  (13) Yes  (14) Yes  (15) Yes  (15) Yes  (15) Yes  (16) Yes  (16) Yes  (17) Yes  (17) Yes  (18) Yes  |      | (5) Minutes forwarded through channels?   | ✓ Yes      | □No    |
| (2) COSC proactive to eliminate potential causes of accidents and injuries?  (3) COSC disseminate current information and training regarding health and safety issues?  (4) Yes  (5) Yes  (6) Yes  (7) Yes  (8) Yes  (9) Yes  (9) Yes  (10) Yes  | d.   | Is the COSC effective?  | ✓ Yes      | □No    |
| (3) COSC disseminate current information and training regarding health and safety issues?  e. Do all personnel receive current information regarding health and safety?  f. Are outside agency safety programs utilized as a resource?  Yes  |      | (1) Are COSC recommendations clear, concise and pertinent to the command?                                   | ✓ Yes      | □No    |
| e. Do all personnel receive current information regarding health and safety?  f. Are outside agency safety programs utilized as a resource?  Yes  Yes  |      | (2) COSC proactive to eliminate potential causes of accidents and injuries?                                 | ✓ Yes      | □No    |
| f. Are outside agency safety programs utilized as a resource?  |      | (3) COSC disseminate current information and training regarding health and safety issues?                   | ✓ Yes      | □No    |
| D. II  | е.   | Do all personnel receive current information regarding health and safety?                                   | ✓ Yes      | □No    |
| a Dece the command maintain an effective health and safety communications system?  | f.   | Are outside agency safety programs utilized as a resource?  | ☐Yes       | ☑ No   |
| g. Does the command maintain an elective health and salety communications system.  | g.   | Does the command maintain an effective health and safety communications system?                             | ✓ Yes      | □No    |

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#### AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

| CHP  | 453M (Rev. 5-06) OPI 009   |           |        |
|------|--|-----------|--------|
|      | (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?  | ✓ Yes     | □No    |
|      | (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?   | ✓ Yes     | □No    |
|      | (3) Do all members of the command participate in distribution of safety and health information?  | ☐Yes      | ☑ No   |
|      | (4) COSC minutes posted in a timely manner?  | ✓ Yes     | □ No - |
|      | (5) Required posters prominently displayed?  | ✓ Yes     | □No    |
|      | (6) COSC maintain the Command Occupational Safety Bulletin Board?  | ✓ Yes     | □No    |
| -    | (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?   | ✓ Yes     | □No    |
| 5. D | OCUMENTATION EVALUATED X   | CORRECTED |        |
| a.   | STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?  | ☑ Yes     | □No    |
| b.   | DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | ✓ Yes     | □No    |
| С.   | OSHA 300, Log of Occupational Injury and Illnesses, utilized?  | ✓ Yes     | □No    |
|      | (1) Are required injuries and illnesses logged?  | ✓ Yes     | □No    |
|      | (2) Entries made within six working days of notification of an employee injury or illness?   | ✓ Yes     | □No    |
|      | (3) Is lost-time and limited-duty documentation accurate?  | ✓ Yes     | □No    |
|      | (4) Retention according to policy?   | ✓ Yes     | □No    |
|      | (5) Readily accessible for review by Cal-OSHA?   | ✓ Yes     | □No    |
|      | (6) Previous calendar year log posted during February?   |           | □No    |
| d.   | Are CHP 113s, Accident and Injury Report, compiled accurately?   | ✓ Yes     | □No    |
|      | (1) Commander review and sign?   | ✓ Yes     | □No    |
|      | (2) CHP 113s and attachments processed in a timely manner?   | ✓ Yes     | □No    |
| e.   | Does the command utilize the CHP 113A, Safety Inspection Checklist?  | ✓ Yes     | □No    |
|      | (1) Are semiannual safety inspections conducted?   | ✓ Yes     | □No    |
|      | (2) Are safety hazards identified?   | ✓ Yes     | □No    |
|      | (3) Is corrective action taken within 30 days?   | ✓ Yes     | □ No.  |
|      | (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?  | ✓ Yes     | □No    |
| f.   | Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?   |           | □No    |
|      | (1) Measures taken to correct situation within 30 days?  | ✓ Yes     | □No    |
|      | (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?   | ✓ Yes     | □No    |
| g.   | . Are the CHP 121 series thoroughly and accurately completed?  | ✓ Yes     | □No    |
|      | (1) Supervisory comments in-depth, clear, and concise?   | ✓ Yes     | □No    |
| -    | (2) Commander signature on appropriate forms?  | ✓ Yes     | □No    |
| -    |  |           |        |

**Destroy Previous Editions** 

# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

| OIII 4      | 000W (17.04, 0-00) CT 1 000   |           |        |
|-------------|---|-----------|--------|
|             | (3) Routed within time frames?  | ✓ Yes     | □No    |
| h.          | Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?                                  | ✓ Yes     | □No    |
|             | (1) Supervisor comments in-depth, clear, and concise?   | ✓ Yes     | □No    |
|             | (2) Commander review?   | ✓ Yes     | □No    |
|             | (3) Commander signs appropriate form?   | ✓ Yes     | □No    |
| <del></del> | (4) Properly routed within time limits?   | ✓ Yes     | □No    |
| i.          | Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?  | ✓ Yes     | □No    |
|             | (1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?                         | ✓ Yes     | □No    |
|             | (2) Safety recognition emblem summary current?  | ✓ Yes     | □No    |
| j.          | Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?                    | √ Yes     | □No    |
|             | (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?                 | ✓ Yes     | □ No ▽ |
|             | (2) Copies maintained with IIPP file?   | ✓ Yes     | □No    |
| 6. IN       | JURY AND ILLNESS PREVENTION PROGRAM  Z  EVALUATED  X  | CORRECTED | )      |
| a.          | Command specific IIPP on file?  | ✓ Yes     | □No    |
|             | (1) Is the program effective?   | ✓ Yes     | □No    |
|             | (2) Contains all required documents?  | ✓ Yes     | □ No . |
|             | (3) Discussed with all employees?   | √ Yes     | □No    |
|             | (4) All employees understand their roles and responsibilities?  | ✓ Yes     | □No    |
|             | (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?           | ✓ Yes     | □No    |
|             | (6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review? | ✓ Yes     | □No    |
|             | (7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?                     | ✓ Yes     | □ No · |
|             | (8) Is required documentation maintained according to policy?   | ✓ Yes     | □No    |
| 7. C        | DMMUNICATION WITH DOSH EVALUATED X  | CORRECTE  |        |
| a.          | Employees aware of procedures regarding DOSH inspections?   | ✓ Yes     | □No    |
| b.          | Command's documents readily available for review by DOSH Compliance Officer?                                  | ✓ Yes     | □No    |
| 8. H        | ACTION REQUIRED XZARDOUS SUBSTANCE PROGRAM X  | CORRECTE  | 9      |
| a.          | Does command have a written Hazardous Substance Program for substances used within that command?              | ✓ Yes     | □No    |
|             | (1) Are hazardous substances identified and properly labeled?   | ✓ Yes     | □No    |
|             | (2) Warning signs posted?   | ✓ Yes     | □No    |
|             | (3) Material Safety Data Sheets readily available?  | ✓ Yes     | □No    |
|             | (4) Employees receive training?   | ✓ Yes     | □No    |
|             |   |           |        |

#### AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

| (5)   | Training documented?  | □Yes      | ✓ No |
|-------|---|-----------|------|
| (6)   | Employees informed of their right to applicable medical and exposure information?     | ✓ Yes     | □ No |
| HAZA  | RDOUS EXPOSURE CONTROL PROGRAMS EVALUATED Not Applicable ACTION REQUIRED              | CORRECTED |      |
| a. Ad | tivities identified within command that may require exposure to hazardous conditions? | ☐Yes      | □No  |
| (1)   | Appropriate engineering and/or administrative controls implemented?                   | Yes       | □No  |
| (2)   | Protective equipment provided in accordance with bargaining unit agreements?          | Yes       | □No  |
| (3)   | Employees trained on use and maintenance of equipment?                                | ☐ Yes     | □ No |
| (4)   | Training documented?  | ☐Yes      | □No  |
| ommen | ts:   |           |      |

- staff meetings.
- 4. Command Occupational Safety Committee (COSC) (a) (1) Is there representation from each collective bargaining unit? The response was "No" because, although the section has bargaining units (BU) 1, 4, and 5, there is only one employee from BU 4 and three from BU 5. The remaining 100+ employees are represented by BU 1. The current membership of the COSC is from BU 1.
- 4. Command Occupational Safety Committee (COSC) (a) (7) Are meetings held more frequently when goals are not being attained? The response was "No" because the Commander is actively involved in addressing issues immediately.
- 4. Command Occupational Safety Committee (COSC) (f) Are outside agency safety programs utilized as a resource? The response was "No" because they are not necessary at this time.
- 4. Command Occupational Safety Committee (COSC) (g) (3) Do all members of the command participate in distribution of safety and health information? The response was "No" because not all 100+ employees wish to participate. Safety and health information is circulated to all employees.

**Destroy Previous Editions** CHP 453M (Rev. 5-06) Page 6 of 6 c453m506.pdf

## **COMMAND INSPECTION PROGRAM**

#### **EXCEPTIONS DOCUMENT**

| Command: Computer<br>Crimes Investigation<br>Unit | Division: Information<br>Management Division | Chapter:     |  |
|---|--|--------------|--|
| Inspected by:                                     | livon  | Date:9-08-09 |  |

| Page 1 of 3   |          | Serdeant J.K. Dixor  |   |
|---|----------|--|---|
| number of the inspection in the Chapter                                   | Inspecti | Check appropriate boxes as necessary, or fi<br>on number. Under "Forward to:" enter the nea<br>ent shall be utilized to document innovative praction plans. A CHP 51 Memorandum may be | acilities, suddesilons for state may                  |
| TYPE OF INSPECTION  ☐ Division Level ☐ Command L ☐ Executive Office Level | .evel    | Total hours expended on the inspection: 3 Hours  | Corrective Action Plan Included  Attachments Included |
| Follow-up Required:   |          | ord to: IMD<br>Date: 9-7-09  |   |
| Chapter Inspection: Inspector's Comments Regard None                      | rding l  | nnovative Practices:   |   |
| Command Suggestions for S<br>None   | tatewi   | de Improvement:  | ·   |
| in cofe working practices Ac  | ony of   | at a CHP facility. However, the ass<br>the Division's IIPP is in the Unit N<br>ir annual evaluation. No correction   | lanager's office and is reviewed                      |
| Commander's Response:   | Conc     | ur or Do Not Concur (Do Not Con  | cur shall document basis for response)                |

None

# **COMMAND INSPECTION PROGRAM**EXCEPTIONS DOCUMENT

Page 2 of 3

| Command: Computer<br>Crimes Investigation<br>Unit | Division: Information<br>Management Division | Chapter:<br>12 |  |
|---|--|----------------|--|
| Inspected by:<br>Sergeant J.K. D                  | ixon   | Date:9-08-09   |  |

| Inspector's Comments: | Shall address non concurrence by commander (e.g., findings revised, findings revised | dings unchanged |
|-----------------------|--|-----------------|
| etc.)                 |  |                 |

None

#### **COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT**

Page 3 of 3

| Command: Computer<br>Crimes Investigation<br>Unit | Division: Information<br>Management Division | Chapter:<br>12 |  |
|---|--|----------------|--|
| Inspected by:                                     | livon  | Date:9-08-09   |  |

| Required Action                 | 国的特殊的现在分词形式的现在分词 (1995年) |
|---------------------------------|--------------------------|
| Corrective Action Plan/Timeline |                          |
| None                            |                          |

| Employee would like to discuss this report with the reviewer.  (See HPM 9.1, Chapter 8 for appeal procedures.)   | COMMANDER'S SIGNATURE LT. Pourle | DATE 7/9/19 |
|--|----------------------------------|-------------|
| (Soot in the Critical Property of the Critical | INSPECTOR'S SIGNATURE            | 9/1/09      |
| ☐ Reviewer discussed this report with employee ☐ Do not concur   | REVIEWER'S SIGNATURE             | DATE /      |

### AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

| AREA           | DIVISION | NUMBER     |
|----------------|----------|------------|
| CCIU           | IMD      |            |
| EVALUATED BY   |          | DATE       |
| J.K. Dixon #12 | 682      | 09/08/2009 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| TYPE OF EVA |  | formal Evaluation                        | SUSPENSE DATE          |                              |             |          |
|-------------|--|--|------------------------|------------------------------|-------------|----------|
| FOLLOW-UP F | REQUIRED No                                      | ☐ Correction Report                      | COMMANDER'S REVIEW     | V                            | DATE        |          |
| 1. GOAL     | S AND ACCOMPLISH                                 | IMENTS                                   | Yes EVALUATED          | ACTION REQUIRED              | CORRECTED   |          |
|             | the command familiar v<br>fety Manual, Chapter 1 | with the Occupational Safety Progr<br>3? | ram as outlined in HPM | 10.6, Occupational           | ✓ Yes       | □No      |
| (1)         | Are goals developed                              | in accordance with departmental p        | policy?                |                              | ✓ Yes       | □No      |
| (2)         | Are environmental fa                             | ctors, exposure factors, and past e      | experience/trends cons | dered when setting goals?    | ✓ Yes       | □ No     |
| (3)         |  |  |                        | ✓ Yes                        | □No         |          |
| (4)         | Are goals appropriate                            | ely categorized?                         |                        |                              | ✓ Yes       | □ No æ   |
| (5)         | (5) Are goals realistic?                         |  | ✓ Yes                  | □No                          |             |          |
| (6)         | Are goals consistent                             | with departmental objectives?            |                        |                              | ✓ Yes       | □No      |
| (7)         | ls input from all level                          | s considered before goals are esta       | ablished?              |                              | ✓ Yes       | □No      |
| b. Are      | e goals being accompli                           | shed?                                    |                        |                              |             | □No      |
| (1)         | Accurate reporting or                            | n CHP 113, Accident and Injury Re        | eport?                 |                              |             | □No      |
| (2)         | Are accidents increas                            | sing?                                    |                        |                              | ☐Yes        | ☑ No     |
| (3)         | Are injuries increasing                          | g?                                       |                        |                              | ☐ Yes       | ☑ No     |
| (4)         | Why are they increas                             | sing/decreasing?                         |                        |                              |             |          |
| (5)         | Is CHP 113, Acciden                              | t and Injury Report, posted or read      | dily accessible?       |                              | ☑ Yes       | □No      |
| (6)         |  | ledgeable about goals and achiev         |                        |                              | ✓ Yes       | □No      |
| · · · ·     |  | ding suggestions toward goal attai       |                        |                              | ☑ Yes       | □No      |
| to mels     | ICIPATION  |  | Yes EVALUATED          | ACTION REQUIRED No           | CORRECTE    | )        |
| a. Co       | mmander actively invo                            | lved in program?                         |                        |                              | ✓ Yes       | □No      |
| (1)         | Commander active in                              | n injury/illness case management?        |                        |                              | ✓ Yes       | □No      |
| (2)         | What is the comman                               | der's attitude regarding occupation      | nal safety? The comma  | nder has a positive attitude | toward occu | pational |
|             | safety and maintaini                             | ng a safe working environment.           |                        |                              |             |          |

# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

|             | <u> </u>                              | the command taken when a t                                    | <u> </u>                    |                   |       |      |
|-------------|---------------------------------------|---|-----------------------------|-------------------|-------|------|
| C.          |                                       | mmand aware of current and                                    |                             |                   | Yes   | □No  |
| (2          | 2) Is the Occupational Saf            | ety Committee reviewing CH<br>uries and Illnesses, entries, p | IP 113, Accident and Injury | Report, OSHA 300, | ∏Yes  | □No  |
| ('          | Are accidents and injuri              | es being monitored to identit                                 | fy trends?                  |                   | ☐Yes  | □No  |
|             |                                       |   |                             |                   |       |      |
| a. C        | Commander's method of ide             | entifying trends?   |                             |                   |       |      |
| TVI         | IDENT AND INJURY TRE                  |   | NO                          |                   |       |      |
| 3)          | 3) Is employee equipment              | properly used and maintain                                    | ed?                         | ACTION REQUIRED   | ✓ Yes | □ No |
| (           |                                       | ggestions to improve occupa                                   |                             |                   | ☑ Yes | □ No |
| (6          | · · · · · · · · · · · · · · · · · · · | operatively to minimize haza                                  |                             |                   | ✓ Yes | □ No |
| (!          |                                       | g unsafe conditions and/or w                                  |                             |                   | ✓ Yes | □No  |
| (4          |                                       | ng safety while performing th                                 |                             |                   | ✓ Yes | □ No |
| (;          |                                       | ommand's achievements?  |                             |                   | ✓ Yes | □ No |
| (2          | 2) Are employees knowled              | dgeable about safety goals?                                   |                             |                   | ✓ Yes | □ No |
| (           | Are employees involved                | d in their case management?                                   |                             |                   | ✓ Yes | □ No |
| . A         | re employees actively invo            | lived in the Occupational Saf                                 | fety Program?               |                   | ✓ Yes | □ No |
| (           | 7) Do managers/superviso              | ors ensure the use of proper                                  | safety equipment?           |                   | ✓ Yes | □ No |
| (6          | 6) Do supervisors comme               | nt on safety issues in perform                                | mance evaluations?          |                   | ✓ Yes | □ No |
| (           | 5) Do managers comment                | t on safety issues in performa                                | ance evaluations?           |                   | ✓ Yes | □No  |
| (4          | 4) Are supervisors monito             | ring employees' efforts?                                      |                             |                   | ✓ Yes | □No  |
| (;          | 3) Are managers monitori              | ng supervisors' progress and                                  | l efforts to attain goals?  |                   | ✓ Yes | □No  |
| (           | 2) Do they have the appro             | priate attitude?  |                             |                   | ✓ Yes | □No  |
| (           | 1) Are managers/supervis              | ors involved in case manage                                   | ement?                      |                   | ✓ Yes | □No  |
| o. <i>F</i> | Are managers/supervisors a            | actively involved in the progra                               | am?                         |                   | ✓ Yes | □No  |
| ((          | 6) Does the commander e               | ensure use of appropriate saf                                 | ety equipment?              |                   | ✓ Yes | □No  |
| (           | 5) Commander comments                 | regarding safety issues in p                                  | erformance evaluations?     |                   | ✓ Yes | □No  |
| (4          | 4) Are safety issues in the           | meeting minutes?  |                             |                   | ✓ Yes | □No  |
| (;          | 3) Occupational safety iss            | ues discussed at staff meetir                                 | ngs and training days?      |                   | ☑ Yes | □ No |

# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

|    | (1) Are commanders, managers, and supervisors actively im                   |                      |            | ☐Yes      | □No  |
|----|---|----------------------|------------|-----------|------|
| С  | COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)  Revaluated No action required |                      |            | CORRECTED | Ú.   |
| а  | What is the composition of the COSC?  | <u> </u>             |            |           |      |
|    |   |                      |            |           |      |
|    |   |                      | - 71       |           |      |
|    | (1) Is there representation from each collective bargaining ur              | nit?                 |            | ☐ Yes     | □No  |
|    | (2) Management and supervisory representation?                              |                      |            | Yes       | □ No |
|    | (3) Command Safety Coordinator assigned?                                    |                      |            | Yes       | □ No |
|    | (4) Command Safety Coordinator active and effective?                        |                      |            | ☐ Yes     | □No  |
|    | (5) Are committee assignments rotated?                                      | 15                   |            | ☐Yes      | □No  |
|    | (6) COSC meetings held quarterly?   |                      |            | ☐ Yes     | □No  |
|    | (7) Are meetings held more frequently when goals are not be                 | ing attained?        |            | ☐Yes      | □No  |
|    | (8) Do all committee members attend the meetings?                           |                      |            | ☐Yes      | □No  |
| b. | Are roles and responsibilities defined in accordance with IIPP              | ?                    |            | ☐ Yes     | □No  |
|    | (1) Do committee members understand their roles and respo                   | nsibilities?         |            | ☐Yes      | □No  |
|    | (2) Is an agenda prepared prior to the meeting?                             |                      |            | ☐Yes      | □No  |
|    | (3) Are departmental and Division Occupational Safety meet                  | ngs minutes readily  | available? | ☐Yes      | □No  |
|    | (4) Are these minutes utilized for Area meetings?                           |                      |            | ☐Yes      | □No  |
|    | (5) Are assignments given during Area meetings?                             |                      |            | ☐Yes      | □No  |
| c. | Minutes prepared for the COSC meeting?                                      |                      |            | ☐Yes      | □No  |
|    | (1) Recording secretary appointed?  |                      |            | □Yes      | □No  |
|    | (2) Minutes posted on command's Occupational Safety Board                   | d?                   |            | ☐ Yes     | □No  |
|    | (3) Are minutes included in IIPP file?                                      |                      |            | Yes       | □No  |
|    | (4) Minutes maintained current year, plus three?                            |                      | 101        | Yes       | □No  |
|    | (5) Minutes forwarded through channels?                                     |                      |            | Yes       | □No  |
| d. | Is the COSC effective?  |                      |            | ☐ Yes     | □No  |
|    | (1) Are COSC recommendations clear, concise and pertinent                   | to the command?      |            | ☐ Yes     | □No  |
|    | (2) COSC proactive to eliminate potential causes of accident                | s and injuries?      |            | □Yes      | □No  |
|    | (3) COSC disseminate current information and training regard                | ding health and safe | ty issues? | ☐Yes      | □No  |
| е. | Do all personnel receive current information regarding health               | and safety?          |            | ☐ Yes     | □No  |
| f. | Are outside agency safety programs utilized as a resource?                  |                      |            | ☐ Yes     | ☐ No |
| g. | Does the command maintain an effective health and safety co                 | mmunications system  | m?         | ☐ Yes     | □No  |

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

#### AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

| CHP  | 453N | I (Rev. 5-06) OPI 009   |                   |            |                    |           |        |
|------|------|---|-------------------|------------|--------------------|-----------|--------|
|      | (1)  | Potential hazards reported on CHP 113B, Hazard Report   | Inspection?       |            |                    | ☐ Yes     | □No    |
|      | (2)  | Are findings of the 113B, Hazard Report/Inspection, repor   | t disseminated ac | cording    | to policy?         | ☐Yes      | □ No · |
|      | (3)  | Do all members of the command participate in distribution   | of safety and hea | alth infor | mation?            | ☐ Yes     | □No    |
|      | (4)  | COSC minutes posted in a timely manner?   |                   |            |                    | ☐Yes      | □No    |
|      | (5)  | Required posters prominently displayed?   |                   |            |                    | ☐ Yes     | □No    |
| -    | (6)  | COSC maintain the Command Occupational Safety Bullet  | in Board?         |            |                    | ☐ Yes     | □No    |
|      | (7)  | Are responsibilities for the Occupational Safety Bulletin Bo  | oard contents ass | igned to   | specific members?  | ☐ Yes     | □No    |
| 5. D | ocu  | MENTATION   | Yes               |            | ACTION REQUIRED    | CORRECTED | )      |
| a.   |      | D 261s, Authorization to Use Privately Owned Vehicles on d in the employee's field folder?                            |                   | ompleted   | i annually and     | ☑ Yes     | □No    |
| b.   |      | IV INF 254, Government Agency Request for Driver Licens request driver's license record check and filed in the employ |                   | ecord Info | ormation, utilized | ☐Yes      | ☑ No   |
| С.   | os   | HA 300, Log of Occupational Injury and Illnesses, utilized?   |                   |            |                    | ✓ Yes     | □No    |
|      | (1)  | Are required injuries and illnesses logged?   |                   |            |                    |           | □No    |
|      | (2)  | Entries made within six working days of notification of an  | employee injury o | r illness? |                    | ✓ Yes     | □No    |
|      | (3)  | Is lost-time and limited-duty documentation accurate?   |                   |            |                    | ✓ Yes     | □No    |
|      | (4)  | Retention according to policy?  |                   |            |                    | ✓ Yes     | □No    |
|      | (5)  | Readily accessible for review by Cal-OSHA?  |                   |            |                    | ✓ Yes     | □No    |
|      | (6)  | Previous calendar year log posted during February?  |                   |            |                    | ✓ Yes     | □No    |
| d.   | Are  | e CHP 113s, Accident and Injury Report, compiled accurate   | ly?               |            |                    | ✓ Yes     | □No    |
|      | (1)  | Commander review and sign?  |                   |            |                    | ✓ Yes     | □No    |
|      | (2)  | CHP 113s and attachments processed in a timely manner   | ?                 |            |                    | ✓ Yes     | □No    |
| e.   | Do   | es the command utilize the CHP 113A, Safety Inspection C  | hecklist?         |            |                    | ☐ Yes     | ☑ No   |
|      | (1)  | Are semiannual safety inspections conducted?  |                   |            |                    | ☐ Yes     | ☑ No = |
|      | (2)  | Are safety hazards identified?  |                   |            |                    | ☐Yes      | ☑ No   |
|      | (3)  | Is corrective action taken within 30 days?  |                   |            |                    | ☐Yes      | ☑ No   |
|      | (4)  | CHP 113A, Safety Inspection Checklist, maintained with I  | PP and retained   | accordin   | g to policy?       | ✓ Yes     | □No    |
| f.   | Are  | unsafe conditions identified and documented on CHP 113E   | 3, Hazard Report/ | Inspectio  | n?                 | ☑ Yes     | □No    |
|      | (1)  | Measures taken to correct situation within 30 days?   |                   |            |                    | ✓ Yes     | □No    |
|      | (2)  | Copy of CHP 113B, Hazard Report/Inspection, filed or atta   | ached to IIPP?    |            |                    | ✓ Yes     | □No    |
| g.   | Are  | the CHP 121 series thoroughly and accurately completed?   | )                 |            |                    | ✓ Yes     | □No    |
|      | (1)  | Supervisory comments in-depth, clear, and concise?  |                   |            |                    | ✓ Yes     | □No    |
|      | (2)  | Commander signature on appropriate forms?   |                   |            |                    | ✓ Yes     | □No    |
|      |      |   |                   |            |                    |           |        |

## AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

|      | (4)  | Employees receive training?                                  |                           |  | ☐ Yes     | □No            |
|------|--|--|---------------------------|--|-----------|----------------|
|      | (3)  |  |                           |  | ☐ Yes     |                |
| -    | (2)  |  |                           |  | Yes       | □ No ···· □ No |
|      |  | Are hazardous substances identified and properly labeled?    |                           |  | Yes       | □ No           |
|      |  | es command have a written Hazardous Substance Program fo     | or substances used with   | n that command?                              | ☐Yes      | □ No           |
| 8. 1 | 100  | RDOUS SUBSTANCE PROGRAM                                      | No                        |  |           |                |
| -    |  | mmand's documents readily available for review by DOSH Co    | mpliance Officer?         | ACTION REQUIRED                              | ☐ Yes     | □ No           |
|      |  | nployees aware of procedures regarding DOSH inspections?     |                           |  | Yes       | □ No ·         |
| 7.   | Pal U  | MUNICATION WITH DOSH   | No                        | TO SECURE AND THE TRANSPORT OF THE PROPERTY. |           |                |
|      | (8)  | Is required documentation maintained according to policy?    | EVALUATED                 | ACTION REQUIRED                              | ✓ Yes     | No             |
|      | (7)  |  | rrected, and documented   | ;;<br>                                       | ☑ Yes     | □ No           |
| 4    | (6)  | and Review?  |                           |  | ✓ Yes     | □ No           |
|      | (5)  |  |                           |  | ✓ Yes     | □No            |
|      | (4)  |  |                           |  | ✓ Yes     | □No            |
|      | (3)  | Discussed with all employees?                                |                           |  | ✓ Yes     | □No            |
|      | (2)  | Contains all required documents?                             |                           |  | ✓ Yes     | □No            |
|      | (1)  | Is the program effective?                                    |                           |  | ✓ Yes     | □No            |
|      | a. Co  | ommand specific IIPP on file?                                |                           |  | ✓ Yes     | □ No *         |
| 6.   | INJURY AND ILLNESS PREVENTION PROGRAM  EVALUATED  Yes  ACTION REQUIRED |  |                           |  |           | l              |
| -    | (2) Copies maintained with IIPP file?                                  |  |                           |  | ✓ Yes     | □No            |
|      | (1)  | Is specific safety training documented on CHP 712, Employe   | ee Emergency Action Pla   | an Review?                                   | √ Yes     | □No            |
|      |  | CHP 712As, Injury and Illness Prevention Program Orientation | n and Review, kept curr   | ent?   | ✓ Yes     | □No            |
|      | (2)  |  |                           | -  | <br>✓ Yes | □ No           |
|      |  | Are CHP 442s, Individual Accident, Injury and Safety Recog   |                           |  | ✓ Yes     | No             |
|      |  | e injuries and accidents documented on CHP 442, Individual A | ccident. Injury and Safet | v Recognition Record?                        | ✓ Yes     | □No            |
| -    |  | Properly routed within time limits?                          |                           |  | ✓ Yes     | □No            |
| _    | (3)  |  |                           |  | ✓ Yes     | □No            |
|      | (2)  |  |                           |  | ✓ Yes     | □No            |
| -    | (1)  |  |                           |  | ✓ Yes     | □ No           |
| -    |  | CHP 208, Accident Prevention Report, thoroughly and accurat  | tely completed?           |  | ✓ Yes     | <br>□ No       |
|      |  | Routed within time frames?                                   |                           |  | ✓ Yes     | □No            |

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

| (5)       | Training documented?   |                    |                             | ☐Yes          | □No      |
|-----------|--|--------------------|-----------------------------|---------------|----------|
| (6)       | Employees informed of their right to applicable medical and  | d exposure informa | ation?                      | ☐ Yes         | □No      |
| 9. HAZA   | RDOUS EXPOSURE CONTROL PROGRAMS                              | Yes EVALUATED      | ACTION REQUIRED             | CORRECTED     | )        |
| a. Act    | tivities identified within command that may require exposure | to hazardous cond  | ditions?                    | ✓ Yes         | □No      |
| (1)       | Appropriate engineering and/or administrative controls imp   | lemented?          |                             | ✓ Yes         | □No      |
| (2)       | Protective equipment provided in accordance with bargaini    | ng unit agreement  | s?                          | ✓ Yes         | □No      |
| (3)       | Employees trained on use and maintenance of equipment?       | )                  |                             | ✓ Yes         | □No      |
| (4)       | Training documented?   |                    |                             | ✓ Yes         | □No      |
| A current | copy of the Division HPP is located in the Unit Manager's of | office at CCIU. It | is reviewed by the employee | s at the time | of their |

A current copy of the Division IIPP is located in the Unit Manager's office at CCIU. It is reviewed by the employees at the time of their annual 118.

#### **COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT**

| Command:<br>CHPERS Unit        | Division:<br>IMD | Chapter: |        |
|--------------------------------|------------------|----------|--------|
| Inspected by: Officer R. A. Bo | ssemever         | Date:    | 9/8/09 |

| Page 1 of 2   |   |  |   |  |
|---|---|--|---|--|
| INSTRUCTIONS: This document shall to<br>number of the inspection in the Chapter<br>shall be routed to and its due date. This<br>improvement, identified deficiencies, con | Inspection of the contract of | on number. Under "Forw<br>ent shall be utilized to doc | ard to:" enter the nex<br>sument innovative pr        | ill in the blanks as indicated. Enter the chapter at level of command where the document actices, suggestions for statewide a used if additional space is required.  |
| TYPE OF INSPECTION  ☐ Division Level ☐ Command I ☐ Executive Office Level   | Total hours expended inspection:  16 hours  | d on the   | Corrective Action Plan Included  Attachments Included |  |
| Follow-up Required:   | Forwa   |  |   |  |
| Chapter Inspection:   |   |  |   | X  |
| Inspector's Comments Rega   | rding li  | nnovative Practices                                    | S   | The second secon |
| 13.   | statewic  | de Improvement:<br>In Occupational Sa                  | fety Form 453N<br>al Safety Manu                      | M. Under Goals and lal, Chapter 3, instead of Chapter  |
| Inspector's Findings:   | <del></del>   |  | ., ., ., ., ., ., ., ., ., ., ., ., ., .              |  |
| No deficiencies noted and no  | correc  | tions required.  |   |  |
| Commander's Response: ⊠   | Conc  | ur or 🗌 Do Not Cor                                     | ncur (Do Not Con                                      | cur shall document basis for response)   |
| 2   |   |  |   |  |

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged,

etc.)

# **COMMAND INSPECTION PROGRAM**EXCEPTIONS DOCUMENT

Page 2 of 2

| Command: CHPERS Unit           | Division: | Chapter 12 |        |
|--------------------------------|-----------|------------|--------|
| Inspected by: Officer R. A. Bo | ssemever  | Date:      | 9/8/09 |

| Required Action                 |                                 |  |              |                 |
|---------------------------------|---------------------------------|--|--------------|-----------------|
|                                 | Required Action                 |  |              |                 |
|                                 |                                 |  | - and saying | THE TOTAL STATE |
| Corrective Action Plan/Timeline | Corrective Action Plan/Timeline |  |              |                 |

N/A

|   | ¥7                    |          |
|---|-----------------------|----------|
| Employee would like to discuss this report with | COMMANDER'S SIGNATURE | DATE / / |
| the reviewer.                                   | 5 (5)///              | 9/10/09  |
| (See HPM 9.1, Chapter 8 for appeal procedures.) | 4 10/1                | 7/10/0)  |
|   | INSPECTOR'S SIGNATURE | DATE     |
|   | Al man                | 9/10/09  |
| Reviewer discussed this report with             | REVIEWER'S SIGNATURE  | DATE     |
| employee  |                       |          |
| ☐ Concur ☐ Do not concur                        |                       |          |

## AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

| AREA                      | DIVISION | NUMBER     |
|---------------------------|----------|------------|
| CHPERS Unit               | IMD/040  |            |
| EVALUATED BY              |          | DATE       |
| Officer R. A. Bosssemeyer |          | 08/28/2009 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| PE OF EVALUATION   Formal Evaluation   Informal Evaluation                                | 09/01/2009                    |                        |             |        |
|---|-------------------------------|------------------------|-------------|--------|
| ☐ Correction Report ☐ Yes ☐ No ☐ No   | COMMANDER'S REVIEW            | M                      | 9 /         | 1/09   |
| GOALS AND ACCOMPLISHMENTS   | X X                           | ACTION REQUIRED        | CORRECTED   | )      |
| Is the command familiar with the Occupational Safety Progra<br>Safety Manual, Chapter 13? | am as outlined in HPM 10.6, 0 | Occupational           | ✓ Yes       | □No    |
| (1) Are goals developed in accordance with departmental p                                 | policy?                       |                        | ✓ Yes       | □No    |
| (2) Are environmental factors, exposure factors, and past e                               | experience/trends considered  | when setting goals?    | ✓ Yes       | □No    |
| (3) Are illness and non-serious/non-traumatic injuries exclu                              | ded from occupational safety  | goals?                 | ✓ Yes       | □ No → |
| (4) Are goals appropriately categorized?  |                               |                        | ✓ Yes       | □No    |
| (5) Are goals realistic?  |                               |                        | ✓ Yes       | □No    |
| (6) Are goals consistent with departmental objectives?                                    |                               |                        | ✓ Yes       | □ No   |
| (7) Is input from all levels considered before goals are esta                             | blished?                      |                        | ✓ Yes       | □No    |
| b. Are goals being accomplished?  |                               |                        |             | □No    |
| (1) Accurate reporting on CHP 113, Accident and Injury Re                                 | port?                         |                        | ✓ Yes       | □No    |
| (2) Are accidents increasing?   |                               |                        | ☐Yes        | ☑ No   |
| (3) Are injuries increasing?  | *                             |                        | ☐ Y'es      | ✓ No   |
| (4) Why are they increasing/decreasing? N/A   |                               |                        |             |        |
|   |                               |                        |             | *      |
| (5) Is CHP 113, Accident and Injury Report, posted or read                                | ily accessible?               |                        | Yes         | □No    |
| (6) Are employees knowlédgeable about goals and achieve                                   | ements?                       |                        | ✓ Yes       | □No    |
| (7) Are employees providing suggestions toward goal attain                                | nment?                        |                        | ✓ Yes       | □No    |
| PARTICIPATION   | EVALUATED X                   | ACTION REQUIRED        | CORRECTE    | 0      |
| a. Commander actively involved in program?  |                               |                        | ✓ Yes       | □ No * |
| (1) Commander active in injury/illness case management?                                   |                               |                        | ✓ Yes       | □ No   |
| (2) What is the commander's attitude regarding occupation                                 | al safety? Very proactive wi  | th occupational safety | and unit go | als.   |

#### AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

|       | (4) Are safety issues in the meeting minutes?  | ✓ Yes                      | □No    |
|-------|--|----------------------------|--------|
|       | i de la companya de l | <br>☑ Yes                  | □No    |
|       |  | ✓ Yes                      | □No    |
|       | (6) Does the commander ensure use of appropriate safety equipment?   | ✓ Yes                      | □ No   |
| b.    | . Are managers/supervisors actively involved in the program?   | ✓ Yes                      | □ No   |
|       | (1) Are managers/supervisors involved in case management?  | ✓ Yes                      | □No    |
|       | (2) Do they have the appropriate attitude?   | ✓ Yes                      | □No    |
|       | (3) Are managers monitoring supervisors' progress and efforts to attain goals?   |                            | □ No   |
|       | (4) Are supervisors monitoring employees' efforts?   | ☑ Yes                      |        |
|       | (5) Do managers comment on safety issues in performance evaluations?   | ✓ Yes                      | □ No   |
|       | (6) Do supervisors comment on safety issues in performance evaluations?  | ✓ Yes                      | □ No   |
|       | (7) Do managers/supervisors ensure the use of proper safety equipment?   | ✓ Yes                      | □No    |
| c.    | . Are employees actively involved in the Occupational Safety Program?  | ✓ Yes                      | □ No   |
|       | (1) Are employees involved in their case management?   | ✓ Yes                      | □ No · |
|       | (2) Are employees knowledgeable about safety goals?  | ✓ Yes                      | □ No   |
|       | (3) Are they aware of the command's achievements?  | ✓ Yes                      | □ No   |
|       | (4) Are employees practicing safety while performing their duties?   | ✓ Yes                      | □ No   |
|       | (5) Are employees reporting unsafe conditions and/or work practices?   | ✓ Yes                      | □ No   |
|       | (6) Do employees work cooperatively to minimize hazards?   | ✓ Yes                      | □No    |
|       | (7) Do employees offer suggestions to improve occupational safety?   | ✓ Yes                      | □No    |
|       | (8) Is employee equipment properly used and maintained?  | ✓ Yes                      | □No    |
| 3. A  | ACCIDENT AND INJURY TRENDS  EVALUATED  X   | CORRECTE                   | D      |
|       | . Commander's method of identifying trends? Monthly Command Occupational Safety meetings and asses   | sments.                    | E-HAR  |
|       |  | turner (the process of the |        |
|       |  |                            |        |
| ***** |  |                            |        |
|       | (1) Are accidents and injuries being monitored to identify trends?   |                            | □No    |
|       | (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?  | ✓ Yes                      | □No    |
|       | (3) Are personnel in the command aware of current and potential trends?  |                            | □ No   |
| b     | . What corrective action has the command taken when a trend has been identified?   |                            |        |

**Destroy Previous Editions** 

# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

|          | (1) Are commanders, managers, and supervisors actively imp      |  |                             | ✓ Yes     | No   |
|----------|---|--|-----------------------------|-----------|------|
| . co     | DMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)                     | EVALUATED  | ACTION REQUIRED             | CORRECTEL |      |
| a.       | What is the composition of the COSC? Sergeant York is the c     | oordinator. All emp  | loyees participate in COSC. |           |      |
| 11.511.1 |   |  | E-1-11                      |           |      |
|          |   |  | entered this is a second    |           |      |
|          | (1) Is there representation from each collective bargaining uni | it?<br>  |                             | ✓ Yes     | □ No |
|          | (2) Management and supervisory representation?                  | MARGONIA DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR | ii.w.qo.                    | ✓ Yes     | □No  |
|          | (3) Command Safety Coordinator assigned?                        |  | Annual (1991)               | ✓ Yes     | □ No |
|          | (4) Command Safety Coordinator active and effective?            |  |                             |           | □No  |
|          | (5) Are committee assignments rotated?                          |  |                             | ☑ Yes     | □No  |
|          | (6) COSC meetings held quarterly?                               |  |                             | ✓ Yes     | □No  |
|          | (7) Are meetings held more frequently when goals are not bei    | ing attained?  | 2                           | ✓ Yes     | ☐ No |
|          | (8) Do all committee members attend the meetings?               |  |                             | ✓ Yes     | □No  |
| b.       | Are roles and responsibilities defined in accordance with IIPP? |  |                             | ✓ Yes     | □No  |
|          | (1) Do committee members understand their roles and respon      | nsibilities?   |                             | ✓ Yes     | □No  |
|          | (2) Is an agenda prepared prior to the meeting?                 |  |                             | ✓ Yes     | □No  |
|          | (3) Are departmental and Division Occupational Safety meeting   | ngs minutes readily  | available?                  | ✓ Yes     | □No  |
|          | (4) Are these minutes utilized for Area meetings?               |  |                             | ✓ Yes     | □ No |
|          | (5) Are assignments given during Area meetings?                 |  |                             | ✓ Yes     | □ No |
| c.       | Minutes prepared for the COSC meeting?                          |  |                             | ✓ Yes     | □No  |
|          | (1) Recording secretary appointed?                              |  |                             | ✓ Yes     | □No  |
|          | (2) Minutes posted on command's Occupational Safety Board       | 1?   |                             | ✓ Yes     | □No  |
|          | (3) Are minutes included in IIPP file?                          | -wo conscionation and attention  |                             | ✓ Yes     | □No  |
|          | (4) Minutes maintained current year, plus three?                |  |                             | ✓ Yes     | □No  |
|          | (5) Minutes forwarded through channels?                         |  |                             | ✓ Yes     | □No  |
| d,       | Is the COSC effective?  |  |                             | ✓ Yes     | □No  |
|          | (1) Are COSC recommendations clear, concise and pertinent       | to the command?  |                             | ✓ Yes     | □No  |
|          | (2) COSC proactive to eliminate potential causes of accidents   | s and injuries?  |                             | ✓ Yes     | □No  |
|          | (3) COSC disseminate current information and training regard    | ding health and safe   | ty issues?                  | ✓ Yes     | □No  |
| e.       | Do all personnel receive current information regarding health a | and safety?  |                             | ✓ Yes     | □No  |
| f.       | Are outside agency safety programs utilized as a resource?      | Caller   |                             | ✓ Yes     | □No  |
| g.       | Does the command maintain an effective health and safety co     | mmunications syste   | m?                          | ✓ Yes     | □No  |

#### DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

| CHP                    | 453M (Rev. 5-06) OPI 009   |           |        |
|------------------------|--|-----------|--------|
|                        | (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?  | ✓ Yes     | □No    |
|                        | (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?   | ✓ Yes     | □No    |
|                        | (3) Do all members of the command participate in distribution of safety and health information?  | ✓ Yes     | □No    |
|                        | (4) COSC minutes posted in a timely manner?  | ✓ Yes     | □No    |
|                        | (5) Required posters prominently displayed?  | ✓ Yes     | □No    |
|                        | (6) COSC maintain the Command Occupational Safety Bulletin Board?  |           | □ No - |
| ******                 | (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?   | ✓ Yes     | □No    |
| 5. D                   | OCUMENTATION EVALUATED ACTION REQUIRED   | CORRECTED |        |
| —<br>а.                | OTD 004 A M 1 1 Key to the Drivetch Owned Vahieles on State Business, completed appually and   | ☑ Yes     | □No    |
| b.                     | DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | □Yes      | ✓ No * |
| c.                     | OSHA 300, Log of Occupational Injury and Illnesses, utilized?  | ✓ Yes     | □No    |
|                        | (1) Are required injuries and illnesses logged?  | ✓ Yes     | □No    |
|                        | (2) Entries made within six working days of notification of an employee injury or illness?   | ✓ Yes     | □No    |
|                        | (3) Is lost-time and limited-duty documentation accurate?  | ✓ Yes     | □No    |
| <del>e-01-c-1</del> 00 | (4) Retention according to policy?   | ✓ Yes     | □No    |
|                        | (5) Readily accessible for review by Cal-OSHA?   |           | □No    |
|                        | (6) Previous calendar year log posted during February?   | ✓ Yes     | □No    |
| d.                     | Are CHP 113s, Accident and Injury Report, compiled accurately?   | ✓ Yes     | □No    |
|                        | (1) Commander review and sign?   | ✓ Yes     | □No    |
|                        | (2) CHP 113s and attachments processed in a timely manner?   | ✓ Yes     | □No    |
| e.                     | Does the command utilize the CHP 113A, Safety Inspection Checklist?  | ✓ Yes     | □No    |
|                        | (1) Are semiannual safety inspections conducted?   | ✓ Yes     | □No    |
|                        | (2) Are safety hazards identified?   | ✓ Yes     | □No    |
|                        | (3) Is corrective action taken within 30 days?   |           | □No    |
|                        | (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?  | ✓ Yes     | □No    |
| f.                     | Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?   | ✓ Yes     | □No -  |
|                        | (1) Measures taken to correct situation within 30 days?  | ✓ Yes     | □No    |
|                        | (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?   | ✓ Yes     | □No    |
| g.                     | Are the CHP 121 series thoroughly and accurately completed?  | ✓ Yes     | □No    |
|                        | (1) Supervisory comments in-depth, clear, and concise?   | ✓ Yes     | □No    |
|                        | (2) Commander signature on appropriate forms?  | ✓ Yes     | □No    |
|                        |  |           |        |

#### DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

| CHP          | 453M  | (Rev. 5-06) OPI 009   | n en |                       |           |  |
|--------------|---|---|--|-----------------------|-----------|--|
|              | (3)   | Routed within time frames?  |  |                       | ✓ Yes     | □No                                    |
| h            | ı. Is C   | CHP 208, Accident Prevention Report, thoroughly and accurat   | ely completed?                           |                       | ✓ Yes     | □ No                                   |
|              | (1) Supervisor comments in-depth, clear, and concise?   |   |  |                       |           | □No                                    |
|              | (2) Commander review?   |   |  |                       |           | □No                                    |
|              | (3) Commander signs appropriate form?   |   |  |                       |           | □No                                    |
|              | (4) Properly routed within time limits?   |   |  |                       | ✓ Yes     | □No                                    |
| ——<br>i.     | Are   | injuries and accidents documented on CHP 442, Individual A  | ccident, Injury and Safet                | y Recognition Record? | √ Yes     | □No                                    |
|              | (1)   | Are CHP 442s, Individual Accident, Injury and Safety Recog  | nition Record, current?                  |                       | ✓ Yes     | □No                                    |
|              | (2)   | Safety recognition emblem summary current?  |  |                       | ✓ Yes     | □No                                    |
| j.           | Are   | CHP 712As, Injury and Illness Prevention Program Orientation  | n and Review, kept curr                  | ent?                  | ✓ Yes     | □No                                    |
|              | (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?                 |   |  |                       | ✓ Yes     | □No                                    |
|              | (2) Copies maintained with IIPP file?   |   |  |                       | ✓ Yes     | □No                                    |
| 6. I         | NJUR'   | Y AND ILLNESS PREVENTION PROGRAM  | EVALUATED X                              | ACTION REQUIRED       | CORRECTED | .=                                     |
| a            | ı. Cor  | mmand specific IIPP on file?  | 1  | J.,                   | ✓ Yes     | □No                                    |
|              | (1) Is the program effective?   |   |  |                       | √ Yes     | □No                                    |
| -            | (2) Contains all required documents?  |   |  |                       | ✓ Yes     | □No                                    |
| <del>-</del> | (3) Discussed with all employees?   |   |  |                       | ✓ Yes     | □No                                    |
|              | (4) All employees understand their roles and responsibilities?  |   |  |                       | ✓ Yes     | □No                                    |
|              | (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?           |   |  | ation and Review?     | ✓ Yes     | □No                                    |
| *****        | (6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review? |   |  |                       | ✓ Yes     | □No                                    |
|              | (7)   | Are unsafe hazards or conditions identified, investigated, co   | rrected, and documented                  | d?                    | ✓ Yes     | □No                                    |
|              | (8)   | Is required documentation maintained according to policy?   |  |                       | Yes       | □No                                    |
| 7. (         | COMM  | NUNICATION WITH DOSH  | EVALUATED X                              | ACTION REQUIRED       | CORRECTED | ) :::::::::::::::::::::::::::::::::::: |
| a            | a. Em   | pployees aware of procedures regarding DOSH inspections?  |  |                       | ✓ Yes     | □No                                    |
|              | . Cor   | mmand's documents readily available for review by DOSH Co   | ompliance Officer?                       |                       | ✓ Yes     | □No                                    |
| 8. H         | HAZAF   | RDOUS SUBSTANCE PROGRAM   | EVALUATED X                              | ACTION REQUIRED       | CORRECTED | )                                      |
|              | a. Do   | es command have a written Hazardous Substance Program f   | or substances used with                  | in that command?      | ✓ Yes     | □No                                    |
|              | (1)   | Are hazardous substances identified and properly labeled?   |  |                       | ✓ Yes     | □No                                    |
|              | (2)   | Warning signs posted?   |  |                       | ✓ Yes     | □No                                    |
|              | (3)   | Material Safety Data Sheets readily available?  | - And a man de man like like             |                       | ✓ Yes     | □No                                    |
|              |   | AND AND A CONTROL OF THE CONTROL OF |  |                       | ✓ Yes     | □ No                                   |

#### DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUA

### AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

| Sail W | (5)   | Training documented?                                    |                          |                     | ✓ Yes     | □No |
|--------|---|---|--------------------------|---------------------|-----------|-----|
|        | (6) Employees informed of their right to applicable medical and exposure information? |   |                          |                     | □No       |     |
| ). HA  | ZAF   | RDOUS EXPOSURE CONTROL PROGRAMS                         | EVALUATED X              | ACTION REQUIRED     | CORRECTED | •   |
| a.     | Act   | ivities identified within command that may require expo | sure to hazardous condi  | itions?             | ✓ Yes     | □No |
|        | (1)   | Appropriate engineering and/or administrative control   | s implemented?           |                     | ✓ Yes     | □No |
|        | (2)   | Protective equipment provided in accordance with ba     | rgaining unit agreements | 5?                  | ✓ Yes     | □No |
|        | (3)   | Employees trained on use and maintenance of equip       | ment?                    | TO SUA SW SOUTHWARE |           | □No |
|        | (4)   | Training documented?                                    |                          | .9                  | ✓ Yes     | □No |

# **COMMAND INSPECTION PROGRAM**EXCEPTIONS DOCUMENT

| Command:<br>042 SSS           | Division:<br>IMD | Chapter:        |
|-------------------------------|------------------|-----------------|
| Inspected by:<br>C. Mandujano | )                | Date:<br>9/3/09 |

Page 1 of 3

| INSTRUCTIONS: This document shall be number of the inspection in the Chapter shall be routed to and its due date. This improvement, identified deficiencies, cor | Inspection nu document sh | mber. Under "Forward<br>all be utilized to docum | to:" enter the nex<br>ent innovative pra | actices, suggestions for statewide                       |
|--|---------------------------|--|--|--|
| TYPE OF INSPECTION  ☐ Division Level ☐ Command Level ☐ Executive Office Level  |                           | Total hours expended on the inspection:          |  | ☐ Corrective Action Plan Included ☐ Attachments Included |
| Follow-up Required: ☐ Yes   ☑ No   | Forward to<br>Due Date:   |  |  |  |
| Chapter Inspection: Inspector's Comments Regarding Innovative Practices:   |                           |  |  |  |
| None   |                           |  |  |  |
| Command Suggestions for St   | atewide Ir                | nprovement:                                      |  |  |
| None   |                           |  |  |  |
| Inspector's Findings:  |                           |  |  |  |
| Command Occupational Safety  | y Meeting                 | minutes are not բ                                | osted on the                             | bulletin board.  |
| Commander's Response: 🗵  | Concur or                 | ☐ Do Not Concu                                   | r (Do Not Conc                           | cur shall document basis for response)                   |

Command agrees with the inspector's findings and will correct. The minutes of Command Occupational Safety Meetings will be posted on the bulletin board.

#### COMMAND INSPECTION PROGRAM **EXCEPTIONS DOCUMENT**

| Command:<br>042 SSS           | Division: | Chapter:        |
|-------------------------------|-----------|-----------------|
| Inspected by:<br>C. Mandujano |           | Date:<br>9/3/09 |

Page 2 of 3

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

Support Services Section will begin the posting of the Section's Occupational Safety Meeting minutes.

# COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

Page 1 of 2

| Command:<br>047 – Telecommunications | Division:<br>IMD | Chapter:<br>HPG 22.1,<br>Chapter 12 |
|--------------------------------------|------------------|-------------------------------------|
| Inspected by:<br>Mary Lou Reilly     |                  | Date:<br>9/1/2009                   |

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

| TYPE OF INSPECTION  ☐ Division Level ☐ Command L  ☐ Executive Office Level  | .evel   | Total hours expended on the inspection: |                | <ul> <li>✓ Corrective Action Plan Included         (see below)</li> <li>✓ Attachments Included         (CHP 453M inspection)</li> </ul> |
|---|---------|---|----------------|---|
| Follow-up Required:   | Forwa   | rd to: IMD                              | 21 by (1)      |   |
| ☐ Yes ☐ No  | Due I   | Date: 9-8-09                            |                | TO SERVICE STATE OF THE SECOND  |
| Chapter Inspection: HPG 22.   | 1, Area | a Management Evaluation                 | n, Occupa      | tional Safety   |
| Inspector's Comments Regar  | ding lı | nnovative Practices:                    |                |   |
| none  Command Suggestions for Standard  | tatewic | de Improvement:                         |                |   |
| Inspector's Findings:   |         |   |                |   |
| Item 5b, Documentation. The command does not have any INF 254, GOVERNMENT AGENCY REQUEST FOR DRIVERS LICENSE/IDENTIFICATION RECORD INFORMATION forms on hand. |         |   |                |   |
| Commander's Response: ⊠   | Concu   | ır or 🗌 Do Not Concur (Do               | Not Concu      | ur shall document basis for response).  |
|   |         |   |                |   |
| Inspector's Comments: Shall a etc.)   | address | non concurrence by comman               | der (e.g., fir | ndings revised, findings unchanged,   |

#### COMMAND INSPECTION PROGRAM

**EXCEPTIONS DOCUMENT** 

Page 2 of 2

| Command:<br>047 – Telecommunications | Division:<br>IMD | Chapter:<br>HPG 22.1,<br>Chapter 12 |
|--------------------------------------|------------------|-------------------------------------|
| Inspected by:<br>Mary Lou Reilly     |                  | Date:<br>9/1/2009                   |

| Required Action                 |  |
|---------------------------------|--|
|                                 |  |
| Corrective Action Plan/Timeline |  |

Corrective Action Plan

The command did not have any INF 254, GOVERNMENT AGENCY REQUEST FOR DRIVERS LICENSE/IDENTIFICATION RECORD INFORMATION forms on hand, so a supply has been ordered from CHP Supply Services and will be used to request drivers license record information as part of the annual evaluation process.

Timeline

This will commence immediately upon receipt of the forms from CHP Supply Services.

| Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.) | INSRECTOR'S SIGNATURE | DATE DATE |
|---|-----------------------|-----------|
| Reviewer discussed this report with employee Concur Do not concur   | REVIEWER'S SIGNATURE  | DATE      |

## AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

| AREA                | DIVISION | NUMBER         |
|---------------------|----------|----------------|
| 047-Telecom Section | 040-IMD  | Project 7-0100 |
| EVALUATED BY        |          | DATE           |
| Mary Lou Reilly     |          | 09/01/2009     |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| TYPE OF EVALUATION                                    | en or pencil, and the Supplemen           | SUSPENSE DATE            | desired.                    |                    |               |
|---|---|--------------------------|-----------------------------|--------------------|---------------|
|   | Informal Evaluation                       |                          |                             | DATE               |               |
| FOLLOW-UP REQUIRED                                    | ☐ Correction Report                       | COMMANDER'S REVIEW       |                             | 91109<br>CORRECTED |               |
| 1. GOALS AND ACCOMPLIS                                | HMENTS                                    | Z Z                      | ACTION REQUIRED             | CORRECTED          |               |
| a. Is the command familiar     Safety Manual, Chapter | with the Occupational Safety Progr<br>13? | am as outlined in HPM 1  | 0.6, Occupational           | ✓ Yes              | □No           |
| (1) Are goals develope                                | d in accordance with departmental p       | policy?                  |                             | ✓Yes               | □No           |
| (2) Are environmental f                               | actors, exposure factors, and past e      | experience/trends consid | ered when setting goals?    | ✓ Yes              | □No           |
| (3) Are illness and non-                              | serious/non-traumatic injuries exclu      | uded from occupational-s | afety-goals?                | ✓-Yes              | □ No          |
| (4) Are goals appropria                               | tely categorized?                         |                          |                             | ✓ Yes              | □ No          |
| (5) Are goals realistic?                              |   |                          |                             | ✓ Yes              | □ No          |
| (6) Are goals consisten                               | t with departmental objectives?           |                          |                             |                    | □No           |
| (7) Is input from all leve                            | els considered before goals are esta      | ablished?                |                             | ✓ Yes              | □ No          |
| b. Are goals being accomp                             | lished?                                   |                          |                             | ✓ Yes              | □No           |
| (1) Accurate reporting                                | on CHP 113, Accident and Injury Re        | eport?                   |                             | ✓ Yes              | □ No          |
| (2) Are accidents incre                               | asing?                                    |                          |                             | Yes                | ✓ No          |
| (3) Are injuries increasi                             | ng?                                       |                          |                             | Yes                | ✓ No          |
| (4) Why are they increa                               | asing/decreasing? N / A                   |                          |                             |                    |               |
|   |   |                          |                             |                    |               |
| (5) Is CHP 113, Accide                                | nt and Injury Report, posted or read      | dily accessible?         |                             | ✓ Yes              | □No           |
| (6) Are employees know                                | wledgeable about goals and achiev         | ements?                  |                             | ✓ Yes              | □No           |
| (7) Are employees prov                                | riding suggestions toward goal attai      | nment?                   |                             | ✓ Yes              | □ No          |
| 2. PARTICIPATION                                      |   | EVALUATED X              | ACTION REQUIRED             | CORRECTE           | 5             |
| a. Commander actively inv                             | olved in program?                         |                          |                             | ✓ Yes              | □No           |
| (1) Commander active                                  | in injury/illness case management?        |                          |                             | ✓ Yes              | □No           |
| (2) What is the comman                                | nder's attitude regarding occupation      | nal safety? The Comman   | nder has a very positive at | titude toward      | l occupationa |
| safety, and promote                                   | es a safe and healthy work environr       | nent for all employees.  |                             |                    |               |
|   |   |                          |                             |                    |               |

#### AREA MANAGEMENT EVALUATION

## **OCCUPATIONAL SAFETY**

|      | emp  | ployees regarding the potential trends as a first step in awarene  | ss of the issue, follow | ou by mingation.            |             | (E)       |
|------|------|--|-------------------------|-----------------------------|-------------|-----------|
| b.   | _    | at corrective action has the command taken when a trend has  |                         |                             | mation with | n an      |
|      |      | Are personnel in the command aware of current and potentia   |                         |                             | ✓ Yes       | □ No      |
|      |      | Is the Occupational Safety Committee reviewing CHP 113, A Log of Occupational Injuries and Illnesses, entries, prior mee | ting minutes?           | port, OSHA 300,             | ✓ Yes       | □ No      |
|      | (1)  | Are accidents and injuries being monitored to identify trends  | ?                       |                             | ✓ Yes       | □ No →    |
|      |      |  |                         |                             |             |           |
|      | inju | iries,   |                         |                             |             |           |
| а.   | Cor  | nmander's method of identifying trends? The Commander us   | es historical informat  | ion to identify trends rega | rding accid | lents and |
| . AC | CID  | ENT AND INJURY TRENDS  | X                       | ACTION REQUIRED             | Johncoreo   |           |
|      | (8)  | Is employee equipment properly used and maintained?  |                         | Learney province            | ✓ Yes       | ☐ No      |
|      | (7)  | Do employees offer suggestions to improve occupational safe  | ety?                    |                             | ✓ Yes       | □ No      |
|      | (6)  | Do employees work cooperatively to minimize hazards?   |                         |                             | ✓ Yes       | □No       |
|      | (5)  | Are employees reporting unsafe conditions and/or work prac   | tices?                  |                             | ✓ Yes       | ☐ No      |
|      | (4)  | Are employees practicing safety while performing their duties  | 5?                      |                             | ✓ Yes       | ☐ No      |
|      | (3)  | Are they aware of the command's achievements?  |                         |                             | ✓ Yes       | □ No      |
|      | (2)  | Are employees knowledgeable about safety goals?  |                         |                             | ✓ Yes       | ☐ No      |
|      | (1)  | Are employees involved in their case management?   |                         |                             | ✓ Yes       | □No       |
| C.   | Are  | employees actively involved in the Occupational Safety Progr   | ram?                    |                             | ✓ Yes       | □No       |
|      | (7)  | Do managers/supervisors ensure the use of proper safety ed   | quipment?               |                             | ✓ Yes       | □No       |
|      | (6)  | Do supervisors comment on safety issues in performance ev  | aluations?              |                             | ✓ Yes       | □ No a    |
|      | (5)  | Do managers comment on safety issues in performance eva  | luations?               |                             | √ Yes       | □No       |
|      | (4)  | Are supervisors monitoring employees' efforts?   |                         |                             | Yes         | □No       |
|      | (3)  | Are managers monitoring supervisors' progress and efforts to   | o attain goals?         |                             | ✓ Yes       | □No       |
|      | (2)  | Do they have the appropriate attitude?   |                         |                             | ✓ Yes       | □No       |
|      | (1)  | Are managers/supervisors involved in case management?  |                         |                             | ✓ Yes       | □No       |
| b.   | Are  | managers/supervisors actively involved in the program?   | •                       |                             | ✓ Yes       | □No       |
|      | (6)  | Does the commander ensure use of appropriate safety equip  | oment?                  |                             | ✓ Yes       | □No       |
|      | (5)  | Commander comments regarding safety issues in performan  | ice evaluations?        |                             | ✓ Yes       | □No       |
|      | (4)  | Are safety issues in the meeting minutes?  |                         |                             | ✓ Yes       | □ No      |
|      | (3)  | Occupational safety issues discussed at staff meetings and t   | raining days?           |                             | ✓ Yes       | □No       |

## AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

|    | (1) Are commanders, managers, and supervisors actively imp       |                     |                              | ✓ Yes          | ☐ No  |
|----|--|---------------------|------------------------------|----------------|-------|
|    | OMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)                      | EVALUATED           | ACTION REQUIRED              | CORRECTED      | Dit . |
| а  | What is the composition of the COSC?                             |                     |                              |                |       |
|    | Commander, Managers, Supervisors, plus bargaining unit repre-    | sentative from Cle  | rical Unit (BU 4) and Profes | sional Unit (B | J 1)  |
|    |  |                     |                              |                |       |
|    | (1) Is there representation from each collective bargaining unli | t?                  |                              | ✓ Yes          | □ No  |
|    | (2) Management and supervisory representation?                   |                     |                              | ✓ Yes          | □ No  |
|    | (3) Command Safety Coordinator assigned?                         |                     |                              | ✓ Yes          | □No   |
|    | (4) Command Safety Coordinator active and effective?             |                     |                              | ✓ Yes          | ☐ No  |
|    | (5) Are committee assignments rotated?                           |                     |                              | ✓ Yes          | □No   |
|    | (6) COSC meetings held quarterly?                                |                     |                              | ✓ Yes          | □No   |
|    | (7) Are meetings held more frequently when goals are not being   | ng attained?        |                              |                | □ No  |
|    | (8) Do all committee members attend the meetings?                |                     |                              | ✓ Yes          | □ No  |
| b  | Are roles and responsibilities defined in accordance with IIPP?  |                     |                              | ✓ Yes          | □No   |
|    | (1) Do committee members understand their roles and respon       | sibilities?         |                              | ✓ Yes          | □No   |
|    | (2) Is an agenda prepared prior to the meeting?                  |                     |                              | ✓ Yes          | □No   |
|    | (3) Are departmental and Division Occupational Safety meeting    | ngs minutes readily | v available?                 | ✓ Yes          | □No   |
|    | (4) Are these minutes utilized for Area meetings?                |                     |                              |                | □No   |
|    | (5) Are assignments given during Area meetings?                  |                     |                              | ✓ Yes          | □No   |
| C. | Minutes prepared for the COSC meeting?                           |                     |                              | ✓ Yes          | □No   |
|    | (1) Recording secretary appointed?                               |                     |                              | ✓ Yes          | □No   |
|    | (2) Minutes posted on command's Occupational Safety Board        | ?                   |                              | ✓ Yes          | □No   |
|    | (3) Are minutes included in IIPP file?                           |                     |                              | ✓ Yes          | ☐ No  |
|    | (4) Minutes maintained current year, plus three?                 |                     |                              | ✓ Yes          | □No   |
|    | (5) Minutes forwarded through channels?                          |                     |                              | ✓ Yes          | □No   |
| d. | Is the COSC effective?   |                     |                              | ✓ Yes          | □No   |
| _  | (1) Are COSC recommendations clear, concise and pertinent        | to the command?     |                              | ✓ Yes          | □No   |
|    | (2) COSC proactive to eliminate potential causes of accidents    | and injuries?       |                              | ✓ Yes          | □No   |
|    | (3) COSC disseminate current information and training regard     | ling health and saf | ety issues?                  | ✓ Yes          | □No   |
| e. | Do all personnel receive current information regarding health a  | nd safety?          |                              | ✓ Yes          | □No   |
| f. | Are outside agency safety programs utilized as a resource?       |                     |                              | ✓ Yes          | □No   |
| g. | Does the command maintain an effective health and safety con     | nmunications syste  | em?                          | ✓ Yes          | □No   |

# AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

| CHI  | 4001        | 1 (Rev. 5-00) OF1 005  |                            |                   |           |        |
|------|-------------|--|----------------------------|-------------------|-----------|--------|
| _    | (1)         | Potential hazards reported on CHP 113B, Hazard Report/Ins  | spection?                  |                   | √ Yes     | □No    |
|      | (2)         | Are findings of the 113B, Hazard Report/Inspection, report d   | lisseminated according to  | policy?           | ✓ Yes     | □No    |
|      | (3)         | Do all members of the command participate in distribution of   | f safety and health inform | nation?           | ✓ Yes     | □No    |
|      | (4)         | COSC minutes posted in a timely manner?  |                            |                   | ✓ Yes     | □No    |
| -    | (5)         | Required posters prominently displayed?  |                            |                   | ✓ Yes     | □No    |
|      | (6)         | COSC maintain the Command Occupational Safety Bulletin   | Board?                     |                   | ✓ Yes     | □No    |
| -    | (7)         | Are responsibilities for the Occupational Safety Bulletin Boar   | rd contents assigned to s  | pecific members?  | ✓ Yes     | □No    |
| 5. 1 | DOCU        | MENTATION  | EVALUATED X                | ACTION REQUIRED   | CORRECTED | 12     |
| á    |             | D 261s, Authorization to Use Privately Owned Vehicles on Stad in the employee's field folder?                            | ate Business, completed    | annually and      | ✓ Yes     | □No    |
| ļ    | o. DN<br>to | IV INF 254, Government Agency Request for Driver License/license driver's license record check and filed in the employee | dentification Record Info  | rmation, utilized | ☐ Yes     | ☑ No   |
| (    | o. OS       | HA 300, Log of Occupational Injury and Illnesses, utilized?  |                            |                   | Yes       | □No    |
|      | (1)         | Are required injuries and illnesses logged?  |                            |                   | ✓ Yes     | □ No   |
|      | (2)         | Entries made within six working days of notification of an em  | ployee injury or illness?  |                   | Yes       | □No    |
|      | (3)         | Is lost-time and limited-duty documentation accurate?  |                            | ,                 | ✓ Yes     | □No    |
|      | (4)         | Retention according to policy?   |                            |                   | ✓ Yes     | □No    |
|      | (5)         | Readily accessible for review by Cal-OSHA?   |                            |                   | ✓ Yes     | □ No   |
|      | (6)         | Previous calendar year log posted during February?   |                            |                   | ✓ Yes     | □No    |
| C    | l. Are      | CHP 113s, Accident and Injury Report, compiled accurately?   |                            |                   | ✓ Yes     | □No    |
|      | (1)         | Commander review and sign?   |                            |                   | ✓ Yes     | □No    |
|      | (2)         | CHP 113s and attachments processed in a timely manner?   |                            |                   | ✓ Yes     | □No    |
| E    | . Do        | es the command utilize the CHP 113A, Safety Inspection Che   | cklist?                    |                   | ✓ Yes     | □No    |
|      | (1)         | Are semiannual safety inspections conducted?   |                            |                   | ✓ Yes     | □No    |
|      | (2)         | Are safety hazards identified?   |                            |                   | ✓ Yes     | □ No 🌯 |
|      | (3)         | Is corrective action taken within 30 days?   |                            |                   | ✓ Yes     | □No    |
|      | (4)         | CHP 113A, Safety Inspection Checklist, maintained with IIPF  | and retained according     | to policy?        | ✓ Yes     | □No    |
| f.   | Are         | unsafe conditions identified and documented on CHP 113B, h   | Hazard Report/Inspection   | 1?                | ✓ Yes     | □No    |
|      | (1)         | Measures taken to correct situation within 30 days?  |                            |                   | ✓ Yes     | □No    |
|      | (2)         | Copy of CHP 113B, Hazard Report/Inspection, filed or attach  | ned to IIPP?               |                   | ✓ Yes     | □ No ₂ |
| g    | . Are       | the CHP 121 series thoroughly and accurately completed?  |                            |                   | ✓ Yes     | □No    |
|      | (1)         | Supervisory comments in-depth, clear, and concise?   |                            |                   | ✓ Yes     | □No    |
|      | (2)         | Commander signature on appropriate forms?  |                            |                   | Yes       | □No    |
|      |             |  |                            |                   |           |        |

#### AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

| CHD | 453M | /Pay | 5-06) | OPI | വവ |  |
|-----|------|------|-------|-----|----|--|

| CHF   | 453M    | I (Rev. 5-06) OPI 009  |                           |                       |           | 2      |
|-------|---------|--|---------------------------|-----------------------|-----------|--------|
|       | (3)     | Routed within time frames?   |                           |                       | ✓ Yes     | □No    |
| ŀ     | ı. Js ( | CHP 208, Accident Prevention Report, thoroughly and accurat        | tely completed?           |                       | ✓ Yes     | □No    |
|       | (1)     | Supervisor comments in-depth, clear, and concise?                  |                           |                       | ✓ Yes     | □No    |
|       | (2)     | Commander review?  |                           |                       | ✓ Yes     | □No    |
|       | (3)     | Commander signs appropriate form?                                  |                           |                       | ✓ Yes     | □No    |
|       | (4)     | Properly routed within time limits?                                |                           |                       | ✓ Yes     | □No    |
| i.    | Are     | injuries and accidents documented on CHP 442, Individual Ad        | ccident, Injury and Safet | y Recognition Record? | ✓ Yes     | □No    |
|       | (1)     | Are CHP 442s, Individual Accident, Injury and Safety Recog         | nition Record, current?   |                       | ✓ Yes     | □No    |
|       | (2)     | Safety recognition emblem summary current?                         |                           |                       | ✓ Yes     | □No    |
| j.    | Are     | CHP 712As, Injury and Illness Prevention Program Orientatio        | n and Review, kept curr   | ent?                  | ✓ Yes     | □No    |
|       | (1)     | Is specific safety training documented on CHP 712, Employe         | ee Emergency Action Pla   | an Review?            | ✓ Yes     | □No    |
|       | (2)     | Copies maintained with IIPP file?                                  |                           |                       | ✓ Yes     | □No    |
| 6. II | NJUR    | Y AND ILLNESS PREVENTION PROGRAM                                   | EVALUATED X               | ACTION REQUIRED       | CORRECTED |        |
| а     | . Coi   | mmand specific IIPP on file?                                       |                           |                       | ✓ Yes     | □No    |
|       | (1)     | Is the program effective?  |                           |                       | ✓ Yes     | □No    |
|       | (2)     | Contains all required documents?                                   |                           |                       | ✓ Yes     | □ No . |
|       | (3)     | Discussed with all employees?                                      |                           |                       | ✓ Yes     | □No    |
|       | (4)     | All employees understand their roles and responsibilities?         |                           |                       | ✓ Yes     | □No    |
|       | (5)     | Each employee completed CHP 712A, Injury and Illness Pre           | vention Program Orient    | ation and Review?     | Yes       | □No    |
|       | (6)     | New employees review and complete CHP 712A, Injury and and Review? | Illness Prevention Prog   | ram Orientation       | ✓ Yes     | □No    |
|       | (7)     | Are unsafe hazards or conditions identified, investigated, con     | rrected, and documente    | d?                    | ✓ Yes     | □No    |
|       | (8)     | Is required documentation maintained according to policy?          |                           |                       | ✓ Yes     | □No    |
| 7. C  | OMM     | IUNICATION WITH DOSH   | EVALUATED X               | ACTION REQUIRED       | CORRECTED |        |
| а     | . Em    | ployees aware of procedures regarding DOSH inspections?            | I?`                       |                       | √ Yes     | □No    |
| b     | . Cor   | mmand's documents readily available for review by DOSH Co          | mpliance Officer?         |                       | ✓ Yes     | □No    |
| B. H  | AZAF    | RDOUS SUBSTANCE PROGRAM  | EVALUATED X               | ACTION REQUIRED       | CORRECTED | 9      |
| а     | . Doe   | es command have a written Hazardous Substance Program fo           | or substances used with   | in that command?      | Yes       | ✓ No   |
|       | (1)     | Are hazardous substances identified and properly labeled?          |                           |                       | ✓ Yes     | □No    |
|       | (2)     | Warning signs posted?  |                           |                       | ✓ Yes     | □No    |
|       | (3)     | Material Safety Data Sheets readily available?                     |                           |                       | ✓ Yes     | □No    |
|       | (4)     | Employees receive training?  |                           |                       | ✓ Yes     | - □ No |

### DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

|      | (5)  | Training documented?                                     |                          |                 | ✓ Yes     | □No  |
|------|------|--|--------------------------|-----------------|-----------|------|
|      | (6)  | Employees informed of their right to applicable medic    | al and exposure informa  | tion?           | ✓ Yes     | □No  |
| 9. H | IAZA | RDOUS EXPOSURE CONTROL PROGRAMS                          | EVALUATED                | ACTION REQUIRED | CORRECTED | )    |
| a    | . Ac | tivities identified within command that may require expo | sure to hazardous cond   | itions?         | ✓ Yes     | □ No |
|      | (1)  | Appropriate engineering and/or administrative control    | s implemented?           | 14              | ✓ Yes     | □No  |
|      | (2)  | Protective equipment provided in accordance with bar     | rgaining unit agreements | 5?              | ✓ Yes     | □No  |
|      | (3)  | Employees trained on use and maintenance of equipr       | ment?                    |                 | ✓ Yes     | □ No |
|      | (4)  | Training documented?                                     |                          |                 | ✓ Yes     | □No  |

#### REA MANAGEMENT EVALUATION

## **ICCUPATIONAL SAFETY**

HP 453M (Rev. 5-06) OPI 009

| AREA         | DIVISION | NUMBER     |  |
|--------------|----------|------------|--|
| 048          | IMD      |            |  |
| EVALUATED BY |          | DATE       |  |
| Kurt Wallner |          | 09/09/2009 |  |

ISTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this rm is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer dividual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information an be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, ecomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This rm can be completed in pen or pencil, and the Supplement can be handwritten if desired.

|       |             | LUATION  Il Evaluation   Info                     | ormal Evaluation                         | SUSPENSE DATE                  |                            |              | 34               |
|-------|-------------|---|--|--------------------------------|----------------------------|--------------|------------------|
|       | W-UP F      | REQUIRED No                                       | ☐ Correction Report                      | COMMANDER'S REVIEW  DUDLE JE   | el                         | DATE 9/9/    | 109              |
| G     | OAL         | S AND ACCOMPLISHI                                 | MENTS                                    | EVALUĀTED                      | No REQUIRED                | Conficence   |                  |
| а.    | ls t<br>Sat | he command familiar wi<br>fety Manual, Chapter 13 | ith the Occupational Safety Progra<br>3? | ım as outlined in HPM 10.6,    | Occupational               | ✓ Yes        | □No              |
|       | (1)         | Are goals developed in                            | n accordance with departmental po        | olicy?                         |                            | ✓ Yes        | □No              |
| 0000  | (2)         | Are environmental fac                             | tors, exposure factors, and past ex      | xperience/trends considered    | d when setting goals?      | ✓ Yes        | □No              |
|       | (3)         | Are illness and non-se                            | rious/non-traumatic injuries exclud      | ded from occupational safet    | y goals?                   | ✓ Yes        | □ No             |
|       | (4)         | Are goals appropriatel                            | y categorized?                           |                                |                            | ✓ Yes        | □No              |
| -17 · | (5)         | Are goals realistic?                              |  |                                |                            | ✓ Yes        | □No              |
| ***   | (6)         | Are goals consistent w                            | vith departmental objectives?            |                                |                            | ✓ Yes        | □ No             |
|       | (7)         | Is input from all levels                          | considered before goals are estab        | olished?                       |                            | ✓ Yes        | □No              |
| b.    | Are         | goals being accomplis                             | hed?                                     |                                |                            | ✓ Yes        | □No              |
|       | (1)         | Accurate reporting on                             | CHP 113, Accident and Injury Rep         | port?                          |                            | ✓ Yes        | □No              |
|       | (2)         | Are accidents increasi                            | ng?                                      |                                |                            | ✓ Yes        | □ No             |
| _     | (3)         | Are injuries increasing                           | ?  |                                |                            | ☐ Yes        | ☑ No             |
|       | (4)         | Why are they increasi                             | ng/decreasing? The Communicat            | tions Centers Support Sections | on (CCSS) experienced      | a single tra | ffic accident    |
|       |             | this quarter. This acc                            | ident was determined to be non-pr        | reventable and not the fault   | of the employee. Whil      | e the answe  | er to item b.(2) |
|       |             |   | from zero accidents to one does n        |                                |                            |              |                  |
|       | (5)         | Is CHP 113, Accident                              | and Injury Report, posted or readi       | ly accessible?                 |                            | ✓ Yes        | □No              |
|       | (6)         | Are employees knowle                              | edgeable about goals and achieve         | ments?                         |                            | √ Yes        | □No              |
|       | (7)         | Are employees provid                              | ing suggestions toward goal attain       | ment?                          |                            | ✓ Yes        | □ No             |
| PA    | ARTI        | CIPATION  |  | EVALUATED                      | No REQUIRED                | CORRECTE     | D                |
| а.    | Coi         | mmander actively involv                           | ved in program?                          |                                |                            | ✓ Yes        | □ No             |
|       | (1)         | Commander active in                               | injury/illness case management?          |                                |                            | ✓ Yes        | □ No             |
|       | (2)         | What is the command                               | er's attitude regarding occupationa      | al safety? The Commander       | 's attitude is that safety | is every em  | ployee's         |
|       |             | responsibility. The C                             | ommander routinely checks empl           | oyees' work tasks and has a    | nn ongoing review of po    | tential work | kplace           |
| 7     |             | hazards. She has mai                              | ntained a hands on approach by b         | eing involved with all aspe    | cts to the HQ move.        |              |                  |
|       |             |   |  |                                |                            |              |                  |

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|                |      |  | tralala ar dana O  |   | ✓ Yes       | □ No =      |
|----------------|------|--|--|---|-------------|-------------|
|                | (3)  |  | training days?   | O                                       |             | ···         |
|                | (4)  |  |  |   | ✓ Yes       | □ No        |
|                | (5)  | Commander comments regarding safety issues in performan  |  |   | Yes         | □ No        |
|                | (6)  | Does the commander ensure use of appropriate safety equip  | pment?   |   | ✓ Yes       | □ No        |
| <del>b</del> . | Are  | managers/supervisors actively involved in the program?   |  |   | ✓ Yes       | □ No        |
|                | (1)  | Are managers/supervisors involved in case management?  |  |   | ✓ Yes       | □ No        |
|                | (2)  | Do they have the appropriate attitude?   |  |   | ✓ Yes       | ☐ No        |
|                | (3)  | Are managers monitoring supervisors' progress and efforts t  | o attain goals?  | *************************************** | ✓ Yes       | □ No        |
|                | (4)  | Are supervisors monitoring employees' efforts?   |  |   | ✓ Yes       | □No         |
|                | (5)  | Do managers comment on safety issues in performance eva  | aluations?   |   | √ Yes       | □No         |
| *****          | (6)  | Do supervisors comment on safety issues in performance ex  | valuations?  |   | ✓ Yes       | □ No        |
|                | (7)  | Do managers/supervisors ensure the use of proper safety ed   | quipment?  |   | ✓ Yes       | □No         |
| Ç.             | Аге  | employees actively involved in the Occupational Safety Prog  | ram?   |   | ✓ Yes       | ☐ No        |
| ******         | (1)  | Are employees involved in their case management?   |  |   | ✓ Yes       | □No         |
|                | (2)  | Are employees knowledgeable about safety goals?  |  |   | ✓ Yes       | □No         |
| •              | (3)  | Are they aware of the command's achievements?  |  |   | ✓ Yes       | □ No        |
|                | (4)  | Are employees practicing safety while performing their dutie   | s?   |   | ✓ Yes       | □ No -      |
| ******         | (5)  | Are employees reporting unsafe conditions and/or work practical  | ctices?  |   | ✓ Yes       | □ No        |
| ****           | (6)  | Do employees work cooperatively to minimize hazards?   |  |   | ✓ Yes       | □ No        |
| -              | (7)  | Do employees offer suggestions to improve occupational sa  | fety?  | · · · · · · · · · · · · · · · · · · ·   | Yes         | □ No        |
|                | (8)  | Is employee equipment properly used and maintained?  |  |   | ∀es         | □ No        |
| Α(             | CID  | ENT AND INJURY TRENDS  | EVALUATED  | NO NO                                   | CORRECTE    | D           |
| <u>а</u> .     | Co   | mmander's method of identifying trends? The Commander re   | views all accident and   | injury reports which are                | completed   | and tracked |
|                | by   | the CCSS occupational safety coordinator to identify trends of   | or the possibility of rep  | peated incidents.                       |             |             |
|                | **** |  |  |   | 21040.027   |             |
|                |      |  | <del></del>  |   |             |             |
|                | (1)  | Are accidents and injuries being monitored to identify trends  | ?  |   | ✓ Yes       | □No         |
|                | (2)  | Is the Occupational Safety Committee reviewing CHP 113, A Log of Occupational Injuries and Illnesses, entries, prior mee | Accident and Injury Repeting minutes?  | oort, OSHA 300,                         | ✓ Yes       | □No         |
|                | (3)  | Are personnel in the command aware of current and potentia   | al trends?   |   | ✓ Yes       | □No         |
| b.             | Wh   | at corrective action has the command taken when a trend has  | s been identified? The   | re have been no identifia               | ole acciden | t or injury |
|                | tre  | nds within CCSS. There have been so few accident or injury re  | eports that no trend ana   | lysis is possible. The fev              | v incidents | CCSS has    |
|                | exp  | perienced have been sporadic, different in nature, and no correl   | ation was identifiable.  |   |             | 100         |
|                |      |  | The state of the s |   |             |             |

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|      | (1)        | Are commanders, managers, and supervisors actively imple      | ementing correcti                       | ve actions?  | ✓ Yes                     | □No                                    |
|------|------------|---|---|--|---------------------------|--|
| C    | MMC        | IAND OCCUPATIONAL SAFETY COMMITTEE (COSC)                     | EVALUATED                               | ACTION REQUIRED  | CORRECTED                 |  |
| а.   | Wh         | nat is the composition of the COSC? The COSC consists of the  | L L L L L L L L L L L L L L L L L L L   |  | fety Coordinator,         | the                                    |
|      |            | lecommunications Systems Manager I, the Academy Public Sa     |   |  |                           |  |
|      |            | blic Safety Dispatcher, and the Office Technician.            |   |  |                           |  |
|      | (1)        |   | )                                       |  | ✓ Yes                     | □No                                    |
|      | (2)        | Management and supervisory representation?                    |   |  | ✓ Yes                     | □No                                    |
|      | (3)        | Command Safety Coordinator assigned?                          |   |  | ✓ Yes                     | No                                     |
| 777  | (4)        | Command Safety Coordinator active and effective?              | 4 |  | ✓ Yes                     | □No                                    |
|      | (5)        | Are committee assignments rotated?                            |   |  |                           | <br>☑ No                               |
| _    | (6)        | COSC meetings held quarterly?                                 |   |  | ✓ Yes                     | □ No                                   |
| -    | (7)        | Are meetings held more frequently when goals are not being    | a attained?                             |  | ✓ Yes                     | No                                     |
|      | (8)        | Do all committee members attend the meetings?                 |   |  | ✓ Yes                     | □No                                    |
| ).   |            | e roles and responsibilities defined in accordance with IIPP? | ✓ Yes                                   | □ No   |                           |  |
| ***  | un nerv    | Do committee members understand their roles and respons       | ibilities?                              |  | ✓ Yes                     | □No                                    |
| 424  |            |   |   |  | ✓ Yes                     | ☐ No                                   |
| -    |            |   |   |  |                           | No                                     |
|      | (3)        | Are these minutes utilized for Area meetings?                 |   | ,  | ✓ Yes     ✓ Yes     ✓ Yes | □ No                                   |
| •••  | (4)        | Are assignments given during Area meetings?                   |   |  |                           | □No                                    |
|      | (5)<br>    | nutes prepared for the COSC meeting?                          |   |  | ✓ Yes                     | □No                                    |
|      | - 0 - 10 i | Recording secretary appointed?                                |   | WATER TO THE TOTAL THE TOT | <br>✓ Yes                 | □ No                                   |
|      | (1)        | Minutes posted on command's Occupational Safety Board?        |   |  | ☐ Yes                     | <br>☑ No                               |
| _    |            | Are minutes included in IIPP file?                            |   |  | ✓ Yes                     | □No                                    |
| -    | (3)        | Minutes maintained current year, plus three?                  |   |  | ✓ Yes                     | □No                                    |
| 2011 | (4)        | Minutes forwarded through channels?                           |   |  | ✓ Yes                     | <br>No                                 |
|      | (5)<br>    | he COSC effective?  |   |  | ✓ Yes                     | □No                                    |
|      |            | Are COSC recommendations clear, concise and pertinent to      | the command?                            |  | ☑ Yes                     | □ No                                   |
|      | (1)        | COSC proactive to eliminate potential causes of accidents a   |   |  | ☑ Yes                     | □ No                                   |
| 2.70 | (2)        |   |   | ety issues?  | ☑ Yes                     | □ No                                   |
| -    | (3)        | COSC disseminate current information and training regarding   |   | Oty 1000001  | ☑ Yes                     | □ No                                   |
| _    |            | all personnel receive current information regarding health an | a salety :                              |  | ☐ Yes                     | ☑ No                                   |
|      |            | outside agency safety programs utilized as a resource?        | munications avai                        | em2  | ✓ Yes                     | No                                     |
|      | Doe        | es the command maintain an effective health and safety com    | munications syst                        | em (   | <u> </u>                  | —————————————————————————————————————— |

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|----------|---|--|---------------------------|-------------------|---|-------|
| area rea | (1)   | Potential hazards reported on CHP 113B, Hazard Report/Ins  | pection?                  |                   | ✓ Yes                                   | □No   |
| *****    | (2)   | Are findings of the 113B, Hazard Report/Inspection, report di  | sseminated according to   | policy?           | ☑ Yes                                   | □No   |
|          | (3) Do all members of the command participate in distribution of safety and health information? |  |                           |                   | ✓ Yes                                   | □No   |
|          | (4) COSC minutes posted in a timely manner?   |  |                           |                   | ☑ Yes                                   | □No   |
|          | (5)   | (5) Required posters prominently displayed?  |                           |                   |   | □No   |
|          | (6)   | COSC maintain the Command Occupational Safety Bulletin I   | Board?                    |                   | ☑ Yes                                   | □No   |
|          | (7)   | Are responsibilities for the Occupational Safety Bulletin Board  | d contents assigned to s  | specific members? | ✓ Yes                                   | □No   |
| D        | DOCUMENTATION EVALUATED ACTION REQUIRED Yes   |  |                           |                   | CORRECTED                               |       |
| a.       |   | STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?  |                           |                   | √ Yes                                   | _ No  |
| b.       | DM<br>to r  | DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? |                           |                   |   | ☑ No  |
| c.       | os  | HA 300, Log of Occupational Injury and Illnesses, utilized?  |                           |                   | ✓ Yes                                   | □No   |
|          | (1)   | Are required injuries and illnesses logged?  |                           |                   | ✓ Yes                                   | □No   |
|          | (2)   | Entries made within six working days of notification of an em  | ployee injury or illness? |                   | ✓ Yes                                   | □No - |
|          | (3)   | (3) Is lost-time and limited-duty documentation accurate?  |                           |                   |   | □No   |
| -        | (4)   | Retention according to policy?   |                           |                   | ✓ Yes                                   | □ No  |
|          | (5)   | Readily accessible for review by Cal-OSHA?   |                           |                   | ∀es                                     | □No   |
|          | (6)   | Previous calendar year log posted during February?   |                           |                   | Yes                                     | □No   |
| d.       | Are   | CHP 113s, Accident and Injury Report, compiled accurately?   |                           |                   | ∀es                                     | □ No  |
|          | (1)   | Commander review and sign?   |                           |                   | ✓ Yes                                   | □No   |
|          | (2)   | CHP 113s and attachments processed in a timely manner?   |                           |                   | ✓ Yes                                   | □ No  |
| е.       | Doe   | es the command utilize the CHP 113A, Safety Inspection Chec  | cklist?                   |                   | ✓ Yes                                   | □ No  |
|          | (1)   | Are semiannual safety inspections conducted?   |                           |                   |   | □No   |
|          | (2)   | Are safety hazards identified?   |                           |                   | ✓ Yes                                   | □No   |
|          | (3)   | Is corrective action taken within 30 days?   |                           |                   | ✓ Yes                                   | □No   |
| *******  | (4)   | CHP 113A, Safety Inspection Checklist, maintained with IIPP  | and retained according    | to policy?        | ✓ Yes                                   | □No   |
| f.       | Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?          |  |                           | ✓ Yes             | □No                                     |       |
| -        | (1)   | Measures taken to correct situation within 30 days?  |                           |                   | ✓ Yes                                   | □No   |
|          | (2)   | Copy of CHP 113B, Hazard Report/Inspection, filed or attach  | ed to IIPP?               |                   | ✓ Yes                                   | □No   |
| g.       | Are   | the CHP 121 series thoroughly and accurately completed?  |                           |                   | ✓ Yes                                   | □No . |
|          | (1)   | Supervisory comments in-depth, clear, and concise?   |                           |                   | ✓ Yes                                   | □ No  |
|          | (2)   | Commander signature on appropriate forms?  |                           |                   | ✓ Yes                                   | □No   |
|          |   |  |                           |                   |   |       |

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|---------------|--------------------------------------|--|---|--|-----------|--|
|               | (3)                                  | Routed within time frames?   |   |  | √ Yes     | □No                                    |
| h.            | ls (                                 | CHP 208, Accident Prevention Report, thoroughly and accurat        | ely completed?                          |  | ✓ Yes     | □No                                    |
|               | (1)                                  | Supervisor comments in-depth, clear, and concise?                  |   |  | ✓ Yes     | □No                                    |
|               | (2)                                  | Commander review?  |   |  | √ Yes     | □No                                    |
| 20-14 A T 100 | (3)                                  | Commander signs appropriate form?                                  |   |  | ✓ Yes     | □No ·                                  |
| (             | (4)                                  | Properly routed within time limits?                                | -                                       | X  | √ Yes     | □No                                    |
| i. A          | \re                                  | injuries and accidents documented on CHP 442, Individual Ac        | ccident, Injury and Safet               | y Recognition Record?  | Yes       | ☑ No                                   |
| (             | (1)                                  | Are CHP 442s, Individual Accident, Injury and Safety Recogn        | nition Record, current?                 |  | □Yes      | ☑ No                                   |
| (             | (2)                                  | Safety recognition emblem summary current?                         | F-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |  | Yes       | ☑ No                                   |
| j. A          | ۱re                                  | CHP 712As, Injury and Iliness Prevention Program Orientatio        | n and Review, kept curr                 | ent?   | ✓ Yes     | □ No                                   |
| (             | (1)                                  | Is specific safety training documented on CHP 712, Employe         | e Emergency Action Pla                  | an Review?   | √ Yes     | □ No                                   |
| (             | (2)                                  | Copies maintained with IIPP file?                                  | · · · · · · · · · · · · · · · · · · ·   |  | ✓ Yes     | □ No                                   |
| INJ           | UR                                   | Y AND ILLNESS PREVENTION PROGRAM                                   | EVALUATED                               | ACTION REQUIRED  | CORRECTED | 20000000000000000000000000000000000000 |
| a.            | Co                                   | mmand specific IIPP on file?                                       |   | de personale de la constante d | ✓ Yes     | □No                                    |
| (             | (1)                                  | Is the program effective?  |   |  | ✓ Yes     | □No                                    |
| (             | (2) Contains all required documents? |  |   |  | ✓ Yes     | □No                                    |
| (             | (3)                                  | Discussed with all employees?                                      |   |  | ∀es       | □No                                    |
| (             | (4)                                  | All employees understand their roles and responsibilities?         |   |  | ✓ Yes     | □ No                                   |
| (             | (5)                                  | Each employee completed CHP 712A, Injury and Illness Pre           | vention Program Orienta                 | ation and Review?  | ✓ Yes     | □No                                    |
| (             | (6)                                  | New employees review and complete CHP 712A, Injury and and Review? | Iliness Prevention Progr                | ram Orientation  | ✓ Yes     | □ No                                   |
| (             | 7)                                   | Are unsafe hazards or conditions identified, investigated, cor     | rected, and documented                  | d?   | ✓ Yes     | □No                                    |
| (             | 8)                                   | Is required documentation maintained according to policy?          |   |  | ✓ Yes     | □No                                    |
| CON           | ИM                                   | UNICATION WITH DOSH  | EVALUATED                               | Yes  | CORRECTED | )                                      |
| a, l          | Ξm                                   | ployees aware of procedures regarding DOSH inspections?            |   |  | Yes       | ☑ No                                   |
| b. (          | Col                                  | mmand's documents readily available for review by DOSH Co          | mpliance Officer?                       |  | ✓ Yes     | □ No                                   |
| HAZ           | Άľ                                   | RDOUS SUBSTANCE PROGRAM  | EVALUATED                               | ACTION REQUIRED NO   | CORRECTED |  |
| a. [          | )<br>)                               | es command have a written Hazardous Substance Program fo           | or substances used with                 | in that command?   | ☐ Yes     | ☑ No                                   |
| (             | 1)                                   | Are hazardous substances identified and properly labeled?          |   |  | □Yes      | ✓ No                                   |
| (             | 2)                                   | Warning signs posted?  |   |  | Yes       | ☑ No                                   |
| (             | 3)                                   | Material Safety Data Sheets readily available?                     |   |  | □Yes      | ☑ No                                   |
| (             | 4)                                   | Employees receive training?  | *C-80                                   |  | ☐Yes      | ☑ No                                   |
|               | -                                    |  |   |  |           |  |

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| (5)  | Training documented?  |                          |          | □Yes    | √ No |
|--|---|--------------------------|----------|---------|------|
| (6)  |   | cal and exposure informa | tion?    | ☐ Yes   | ☑ No |
| HAZARDOUS EXPOSURE CONTROL PROGRAMS  a. Activities identified within command that may require exposu | EVALUATED   | ACTION REQUIRED          | CORRECTE | )       |      |
| a. Ad  | ctivities identified within command that may require exp                | osure to hazardous cond  | itions?  | ☐ Yes   | ☑ No |
| (1)  | (1) Appropriate engineering and/or administrative controls implemented? |                          |          |         | Ø No |
| (2)  | Protective equipment provided in accordance with ba                     | rgaining unit agreements | ;?       | ☐ Yes 🔽 | ☑ No |
| (3)  | Employees trained on use and maintenance of equip                       | ment?                    |          | ☐ Yes   | ☑ No |
| (4)  | Training documented?  |                          |          | ☐ Yes   | ☑ No |

#### REA MANAGEMENT EVALUATION SUPPLEMENT

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| JBJECT: 453 M, Occupation   | an darwy   | 9/2009  |  |  |  |  |
|---|--|---|--|--|--|--|
| SECTIONS  | COMMENTS   |   |  |  |  |  |
| a. (5)  | Committee assignments are not rotated; over 1/3 of the staff is part of the committee.       |   |  |  |  |  |
| c. (2), (3), and (4)  | Meeting minutes are distributed to employees electronically to further achieve a paperless w | orkpla/   |  |  |  |  |
| c. (2), (3), and (4)  | DMV INF 254 forms were not located in any of the command's personnel files.                  | november of the first of the first                                  |  |  |  |  |
| - continued   | An audit is going to be conducted, forms completed, and driver certifications will be made c | urrent  |  |  |  |  |
| (1), and (2)  | No personnel folder was found to contain copies of the CHP-442.                              |   |  |  |  |  |
| - continued  An audit is going to be conducted, forms completed, and employee recognition will be a |  |   |  |  |  |  |
|   | Employees will be informed of procedures regarding DOSH inspections                          | Employees will be informed of procedures regarding DOSH inspections |  |  |  |  |
| and 9.  | The command does not store, handle, or routinely come in contact with hazardous substance    | ēs.   |  |  |  |  |
|   |  | ********  |  |  |  |  |
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|   |  | Tools in the  |  |  |  |  |
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